

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St. Patrick's Care Centre
Centre ID:	OSV-0000179
Centre address:	Dublin Street, Baldoyle, Dublin 13.
Telephone number:	01 905 2266
Email address:	sshields@cowpercare.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Cowper Care Centre Designated Activity Company
Provider Nominee:	Seamus Shields
Lead inspector:	Leone Ewings
Support inspector(s):	Leanne Crowe
Type of inspection	Announced
Number of residents on the date of inspection:	63
Number of vacancies on the date of inspection:	5

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
25 April 2017 09:30	25 April 2017 18:30
26 April 2017 09:30	26 April 2017 16:00

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 04: Suitable Person in Charge	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 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

The inspection was carried out in response to the provider's application to renew the certificate of registration. The application was also to increase the numbers accommodated by a further ten beds (five on the first floor and five in the dementia wing). Unsolicited information and notifications received were also considered as part of this inspection.

The provider and person in charge had fully addressed non-compliances from the last inspection on 10 February 2016. The two moderate non-compliances in staffing and food and nutrition outcomes had been addressed, and improvements had taken place in premises and residents' rights dignity and consultation. The inspectors were satisfied that the residents received a good quality service. There was now full compliance with regulations inspected from the Health Act 2007 (Care and welfare for Residents in Designated Centres for Older People) Regulations 2013 and the

National Standards for Residential Care Settings for Older People in Ireland (2016).

As part of this inspection, the inspectors met with residents, relatives and staff members. They observed practices and reviewed documentation such as care plans, audits, management meeting minutes and policies and procedures. They also met the person in charge and assistant care manager who were able to provide clear information to the inspectors when requested.

Inspectors found that residents were supported by a staff team who knew them well. Staff were skilled and experienced in providing health and social care to residents. They completed relevant training for their roles. Four residents and eight relatives provided written feedback to say they were well supported by the staff team, who were kind and treated them respectfully. Some feedback received by inspectors related to staffing in the early evening time, and this was communicated to the provider, who agreed to monitor staffing and submit plans for staffing for the additional beds to be registered. A review of residents records showed that relevant assessments were carried and where residents required support clear care plans gave instructions to staff about how it was to be provided. Overall, staffing in place on the day of the inspection was adequate to meet the assessed needs of residents.

The governance and management systems operated in the centre were seen to be effective and provided assurance to the person in charge and the provider that the centre was providing a safe service to residents. Regular audits were carried out by the management team to ensure positive outcomes for residents were being achieved, and if improvements were identified actions were agreed and allocated to individuals to resolve. Satisfaction reviews were also carried out with residents and relatives. The systems being operated was having a positive impact on the quality of care provided to residents in the centre.

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:

An updated statement of purpose dated December 2016 was in place. This document detailed the aims, objectives and ethos of the service. The updated bed numbers were also included within the document with revised staffing structure. The information was in line with legislative requirements. However, it required updating with details of the organisational structure.

The provider submitted this updated document with satisfactory information to the Chief Inspector for review following the inspection.

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:

Overall, the inspectors found the quality of care and experience of the resident's was

sufficiently monitored by the provider, to ensure residents' needs were being met.

The provider informed the inspectors that they felt the governance and management arrangements in the centre were effective. Evidence was provided to us of the annual review of quality and safety report for 2016. This report covered a summary of the main areas of practice for the centre including the findings from internal and external audits, incident reporting, and resources such as staffing and training. The report stated that staff had inputted to the report via their staff meetings, and the residents through detailed feedback obtained from third parties engaged to obtain individual quality of life data.

The effective systems included a clear management structure. The senior team consisted of the registered provider, a clinical director, facilities manager, service manager. In the centre there was the person in charge, assistant care manager, two clinical nurse managers, nursing staff, health care assistants, kitchen and housekeeping staff. Each had a clear job description, and was clear of their role in the day to day running of the centre. Human resource supports were based in another of the providers centres located in Dublin.

A number of internal and external audits were carried out in the centre to ensure day to day practice followed the policies and procedures put in place by the provider. The clinical director also checked on key performance indicators linked to the quality of care provided in the centre. Using the results of these different checks, approaches had been put in place to reduce poor care outcomes for residents. For example, use of risk assessment tools, analysis of the number of falls in the centre, care planning, and the types of support residents required.

There were regular management meeting where the person in charge met with the operations officer to discuss a range of topics including accidents, incidents, residents care needs, training and staffing levels. Records of these meetings showed good practice and areas for improvement were identified. Actions required for improvement were identified and clearly allocated to a staff member for action. This process provided assurance to the provider that the centre continued to be operated to ensure quality and safety of care. There was also an infection control protocol being followed in the centre that included staff training, vaccination, and monitoring the use of antimicrobial use. The strategies that had been implemented were seen to have had a positive outcome for the residents using the service.

The centre was found to be appropriately resourced during the inspection. The premises were maintained to a good standard, there was sufficient staff to meet the needs of the residents. The service provided was in line with the statement of purpose and the additional ten bed rooms were fully furnished and outlined clearly in the statement of purpose.

Judgment:
Compliant

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge had not changed since the time of the last inspection, he is a registered nurse and works full time within the centre. The person in charge had been assessed previously by HIQA and he was deemed to have the required skills, knowledge and experience to hold the post of person in charge.

He was found to be very knowledgeable about each resident's nursing and social care needs. Evidence of his continuous professional development was up-to-date, and he was also responsible for all safeguarding training in the centre.

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:

The records as listed in Part 6 of the Regulations were maintained in a manner so as to ensure completeness and accuracy. Overall, a good standard of record keeping could be evidenced throughout the inspection, and records requested were accessible.

A sample of staff files were reviewed and found to contain all the requirements of schedule 2 of the regulations.

The centre was adequately insured against accidents or injury to residents', staff and visitors, as well as loss or damage to a resident's property.

A directory of residents was maintained which contained all of the matters as set out under regulation 19.

The designated centre had all of the written operational policies which had been recently reviewed as required by schedule 5 of the regulations. Policies were evidence-based and guided staff practices.

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:

The inspectors were satisfied that safe systems were in place to protect residents from being harmed or suffering abuse. There was a detailed policy to guide staff and they had received appropriate training in this area. Care and communication was observed to be person-centred and in an environment which promoted residents' rights. The person in charge was aware of the requirement to notify any allegation of abuse to the Authority. There had been no reports since the time of the last inspection.

Staff spoken to were knowledgeable of the different types of abuse and the reporting arrangements in place. The inspectors spoke to a number of residents who said that they felt safe and secure in the centre. Staff were guided by a written detailed policy on the protection of vulnerable adults in place. Staff had received safeguarding training on commencement of employment, and refreshers took place facilitated by the person in charge. Evidence that all staff had received training was given to inspectors. The findings of this inspection were that the policy had been fully implemented and updated to reflect best practice.

A policy on the management of responsive behaviors was in place that guided practice was in place. Detailed supportive behavioural care plans were developed and in place to inform staff and guide practice where required. The findings were that evidenced-based

tools were utilised to monitor behaviours. Staff were familiar with the residents and understood their behaviours, what triggered them and implemented measures including the least restrictive interventions as outlined in the written care plan. Staff carefully considered and documented the rationale for use of any psychotropic medication. This area was subject to review and evaluated carefully on an individual basis.

Judgment:

Compliant

Outcome 08: Health and Safety and Risk Management

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The health and safety of residents, visitors and staff was seen to be promoted in the centre. The building works on the external grounds had now completed and the gardens were accessible and well maintained with appropriate seating.

There were risk management policies and procedures in place. The policy contained the procedures required by the regulation 26 and schedule 5 to guide staff. Staff were familiar with the contents of the emergency plan. There were risk registers in place for the organisation, the centre, and for individual residents. Each risk assessment set out the identified risk, the level of risk identified, the steps taken to mitigate the risk and the person responsible for taking the action. The documents were thorough and covered a wide range of areas. Incident and accident reporting provided information to support the reduction of identified risks. There was also an up-to-date health and safety statement available signed and dated.

The fire policy provided guidance to reflect the size and layout of the building and the evacuation procedures, which included four stages, the fourth being full evacuation. Records showed that there were routine checks to ensure fire exits were unobstructed, automatic doors closer were operational and fire fighting equipment was in place. Annual checks were carried out on the fire safety equipment, and the fire alarm was serviced on a quarterly basis. Clear signage was in place throughout the centre.

The procedure to follow in the event of a fire was posted in different parts of the centre, and staff were able to describe their role in evacuation when the inspector spoke with them. Evidence was reviewed that all staff had completed annual refresher training in fire safety procedures. A record of fire drills showed they were carried out monthly, and the facilities manager explained this was to ensure all staff, including night staff, had been involved in a drill. Day and night shift drills had been practiced.

There were safe procedures in place for the prevention and control of infection and the centre clean, hygienic and well presented. Personal protective equipment was available in each unit of the centre, and there were hand gel sanitizers available throughout the centre. Staff were observed practicing hand hygiene and had easy access to hand washing facilities to meet their needs. Arrangements were in place to manage infection control in the laundry.

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:
Inspectors were satisfied that residents were protected by the designated centres' policies and procedures for medication management.

Inspectors reviewed a sample of completed prescription and administration records and saw that they were in line with best practice guidelines. Medications that required crushing were prescribed as requiring same. Residents medication records also contained records of communications with the pharmacist. For example, staff requesting specific guidelines and information on the preparation of medication had been provided with clear directions on how to prepare, dissolve and administer the medication.

Medications used in the management of diabetes and epilepsy had clear guidelines to support staff in the safe administration of the medicines. Inspectors reviewed practices around PRN (as required) psychotropic drugs and found that residents requiring these drugs had a pathway outlined to support an evidence-based and individual approach to administration. Nursing notes reviewed demonstrated that the steps had been followed prior to the administration of the drug. The frequency and use of these drugs were closely monitored and evaluated at a multidisciplinary level.

Inspectors observed nurses administering medication to residents. Medications were kept in a locked treatment room and only nurses can administer medication to residents. Inspectors found that staff adhered to appropriate medication management practices and processes in place for handling medication were safe and in accordance with current guidelines and legislation.

Inspectors reviewed practices around medications that required strict control measures

(MDAs). These medications were kept in a secure cabinet in keeping with professional guidelines and nurses maintained a register of these medications. Inspectors reviewed records which demonstrated that the stock balance was checked and signed by two nurses at the change of each shift.

At the time of this inspection, no resident was self administering medication, However, systems were in place to support residents that may choose to self administer and assessments were in place to enable staff to support residents to self administer.

Systems were in place for reviewing and monitoring safe medication management practices. Medication audit was completed regularly and actions generated from audit finding were communicated to staff to improve practice.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

Resident's were supported to maintain their health and social care needs by a staff team with the relevant skills and experience.

The inspectors reviewed a sample of resident's records. Evidence was seen that a pre-admission assessment was carried out before residents were offered a place in the centre. On admission a comprehensive assessment was carried out, and where residents had health or social care needs identified, care plans were developed. The care plans were person-centred in their approach, focusing on the impact of the resident's needs. Each plan detailed the resident's preferred approach to care and support, and clear instructions to guide staff in their practice. The plans were seen to be implemented effectively in practice by staff who knew the residents well.

Care plans were reviewed at least four monthly by the resident's allocated nurse. Evidence of the involvement of residents and families in completing any reviews was recorded. Records were signed by the residents and relatives detailed the discussion during the review meetings.

Where residents had identified healthcare needs, records showed there were links with relevant medical professionals, or the wider multi-disciplinary team. Where residents' needs had changed records showed contact was made quickly with a general practitioner (GP). Where recommendations were made for treatment records showed it was provided, for example in relation to physiotherapy, or nutrition. The correspondence stored in residents' files showed that residents were in contact with hospitals and consultants for specific healthcare needs.

A range of evidence-based nursing tools were being used to assess residents' needs. This supported the nursing staff to monitor healthcare conditions, and reduce the risk of others developing. Where residents were identified as being at risk in relation to a particular healthcare need records showed action was taken to reduce that risk. For example where residents were identified as being at risk of falls, a holistic approach was taken to reviewing the resident's needs considering their medication, nutrition, physical ability, cognitive awareness and any aids or adaptations that may reduce the risk. The inspectors reviewed records of interventions following any slips, falls or near-misses and this included a medicines review and a mobility assessment by the physiotherapist and detailed balance and gait analysis recorded.

Where residents were temporarily absent from the centre, records showed that relevant information was sent with them. Also when residents returned to the centre, for example from hospital, there was a clear summary of their needs and guidance on any interventions needed.

Residents told inspectors they enjoyed a range of activities in the centre, a four week programme of activities operated. Daily mass took place, music, games, movies, arts and crafts and bingo were organized by staff. An outing on the bus operated each fortnight. Residents with cognitive difficulties could also access sensory therapy and one-to-one sessions and were individually assessed to ensure that suitable pastimes and hobbies could be maintained. Pet therapy is noted in the resident's guide as an activity but there was currently no provider available for this service, the provider confirmed they were actively seeking to re-commence this activity.

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:

St. Patrick's is a two stored residential care facility which had undergone further extensions in 2012 and over the last number of years, to improve services and provide additional accommodation. All rooms are single and have en-suite facilities. The provider has currently upgraded a further section of the building and is currently registered to accommodate 68 residents. The application to renew registration includes a further 10 beds which are ready to occupy when registered.

There are two spacious sitting rooms, one on each floor. The central dining room caters for all residents and is located proximal to the kitchen and catering facilities. A visitor's room was available and access to a secure garden for walks and fresh air. Accommodation was found to be in substantial compliance with the regulations and our standards, and reflected the description found in the statement of purpose and function document.

A large chapel with plenty of seating and access was available, and additionally a mortuary space which allowed for formalities and customs associated with deceased residents to take place in a dignified and suitable setting was on site for residents, staff, family and friends attending.

A high standard of household maintenance and hygiene was evident and the staff also positively engaged with the residents in the course of their daily work. Residents and relatives confirmed that they were satisfied with the standards of hygiene and cleanliness at the centre. The laundry was operating and managed well, and a system was in place for placing a discrete identifying button on each piece of residents clothing.

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):

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

Findings:

The improvements required following the last inspection were now found to be fully

addressed. Food service was observed throughout the centre and residents confirmed they received their meals in a timely manner and food temperature were satisfactory. Records of food temperature checks and observation of practices confirmed meals were delivered to the dementia unit and those residents eating in their own rooms and received appropriate assistance where required. Snacks were available and stored appropriately in the dementia unit. Staff in the kitchen had up-to-date information about residents who may require modified diets. Equipment to promote independence was in use, and referrals to speech and language therapy and dietitian services was evidenced.

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):

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

Findings:

Suitable screening with curtains had been put in place by the provider for the duration of the building works to protect the privacy of residents in a small number of rooms.

Arrangements were in place to consult with residents in the organisation of the centre. There were regular resident's committee meetings. The minutes recorded discussions and an action plan was in place to cover areas where resident's suggested improvements.

There were a range of activities in the centre including exercise, aromatherapy, reminiscence, and a range of music activities. The programme of activities was discussed with residents and suggestions were made for different things to be included.

There were visitors to the centre, for example members of the local community could access the church. There were also trips out in a minibus every other week, and planning for this took place at meetings.

Residents were seen to be making choices about how they spent their time in the centre. Some residents were going out with family and friends. Others were choosing to spend their time in their rooms, or the different lounges in the centre. There was a corridor in the dementia unit that supported those who wanted to walk around in a safe

environment, with items of interest along the way. Residents could freely access the enclosed garden, and the sun shining on the day of the inspection encouraged people to go and sit outside. Some seating was in place in the outside gardens, and plans to develop this further.

The inspectors observed that there were choices for meals, drinks and snacks throughout the day. There were two dining areas, and residents were seen to enjoy the social nature of mealtimes. The main dining room accommodated most residents, and the day dining area in the dementia unit was spacious with suitable table and chairs. There were facilities to make hot and cold drinks, and snacks were available where they could be picked up by the residents.

There were people visiting on the day of the inspection, and feedback provided to HIQA in the questionnaires said that visitors were supported to maintain strong links with their relatives and friends. There were visitors lounges in the centre, but people were encouraged to sit where it suited them best, for example in the main dining area, or in their rooms, or outside in the gardens.

The clinical director explained that some residents voted by attending their own polling station, and others voted when a polling officer attended the centre.

Throughout the inspection staff were seen to treat residents with dignity and respect. Resident confirmed the staff were considerate and supported them well. Where residents had specific communication needs, the inspector saw care plans in place that set out their communication needs, and aids or adaptations required to support them, and they most effective way to engage with them. For example if a resident has sight loss, the type of loss was described, and instructions were given about the best way to approach them and offer them support.

There was access to TV, DVDs, Wi-Fi, radio and newspapers and magazines.

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 were appropriate staff numbers with the relevant skills and training to meet the needs of the residents. Staffing in place for the number of residents at the time of the inspection was satisfactory.

The staffing levels took in to account the layout of the centre. Since the last inspection the number of nursing staff had been increased in line with previous commitments. A proposed staffing analysis for the increase in bed numbers was submitted to HIQA following the inspection to support this increase. Nurses were supported by Health Care Assistants to meet the needs of the residents. The person in charge and the assistant care manager worked the full week between them, and were usually supernumerary to the roster, to enable them to carry on with the day to day running of the centre. There was also a senior management team that contributed to the running of the centre, covering clinical overview and building management responsibilities.

The inspectors spoke with residents and family members throughout the day of the inspection, and all were positive about the staff team. Resident gave examples of how they had been supported to maintain their privacy and dignity in the centre. A number of 'thank you' cards from families were reviewed and HIQA questionnaires that had been completed by relatives. Overall, many responses indicated satisfaction with care, some feedback related to evening time and the availability of staff, this was communicated to the provider at the time of the inspection, who confirmed this would be kept under review.

The provider had implemented a policy that required staff in the centre to complete, and repeat at agreed intervals, a range of training including moving and handling, fire safety, safeguarding of vulnerable people, infection control and care for people with dementia. Staff were also encouraged to undertake other courses to support them in their role in the centre. A training plan was in place that covered the next 12 months, and it was seen to include all staff who needed to attend refreshers of courses.

Staff who spoke with the inspector confirmed they had completed all the training required by the provider, and also received reminders from the human resources team when they were due to attend further courses.

The centre was set out over two floors units. One was a unit on the ground floor specifically for people with dementia, the provider had applied to increase the numbers on this unit to 15. The provider was implementing a policy that required staff in that unit needed to have completed relevant training to be rostered to work with the residents who lived there. This was seen to be effective to ensure the resident's needs were met by staff skilled in supporting people with dementia.

There were effective recruitment procedures in place in the centre. Staff files of the four most frequent recruits were reviewed. All of these staff files contained the requirements as per Schedule 2 of the regulations. All nurses employed in the centre had an up-to-date registration with the Nursing and Midwifery Board of Ireland. Inspectors confirmed

that all staff had garda vetting disclosures in place prior to commencing work at the centre.

There were no volunteers working in the centre but the provider was aware that any proposed staff would have appropriate checks, including garda vetting disclosures prior to commencing their role in the centre.

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Leone Ewings
Inspector of Social Services
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Health Information and Quality Authority