

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Drakelands House Nursing Home
Centre ID:	OSV-0000224
Centre address:	Drakelands, Kilkenny.
Telephone number:	056 777 0925
Email address:	info@drakelandshouse.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Drakelands Nursing Home Limited
Provider Nominee:	Anne Fleck-Byrne
Lead inspector:	Ide Cronin
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	70
Number of vacancies on the date of inspection:	2

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:
08 February 2017 09:30	08 February 2017 16:40
09 February 2017 09:20	09 February 2017 14:00

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 14: End of Life Care	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 purpose of this inspection was to inform a decision following an application to renew the registration of this centre. There were 70 residents being accommodated in the centre which is registered for a maximum capacity of 72. On the first day of inspection the inspector was accompanied by an authorised person from the Health Information and Quality (HIQA) who was gaining knowledge of the inspection process.

The views of residents, a relative and staff were listened to, practices were observed and documentation was reviewed. Pre-inspection questionnaires completed by residents and/or their relatives or representatives were also reviewed. Overall, the questionnaires indicated satisfaction with the services provided.

There was a clearly defined management structure that identified the lines of authority and accountability. Persons participating in the management of the centre demonstrated throughout the inspection process that they were knowledgeable regarding the legislation, regulations and standards underpinning residential care.

They facilitated the inspection process and had all the necessary documentation available for inspection which was maintained in accordance with the legislation. There were sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose and staff of various grades understood the ethos and principles of person centred care.

Overall, the inspector was satisfied that residents received a quality service. There was evidence of a good level of compliance, across a range of areas, with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland (2016).

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

Management systems were in place to ensure that the service to be provided was safe, appropriate to residents' needs, consistent and effectively monitored. There was a system in place to conduct audits and reviews of the safety and quality of the service. There were sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose, for example sufficient staff were on duty to meet the needs of residents.

The person in charge described arrangements that were in place to ensure good governance in the centre. These included regular scheduled clinical governance, health and safety meetings between the provider/ person in charge and management team. The person in charge was supported by an assistant director of nursing, a clinical nurse manager, operations manager and a team of staff nurses. Since the previous inspection a risk management officer was designated one day per week to ensure oversight of risk management processes. The management structure was designed to ensure that there was management accountability in each department such as finance, nursing, operations, catering, housekeeping, laundry and maintenance.

The inspector reviewed audits completed by the management team. Some areas reviewed included medication management health and safety, infection control, hygiene, accidents and incidents. The person in charge and assistant director of nursing discussed improvements that were identified with staff and an action plan to improve compliance was outlined as observed by the inspector.

Staff were complimentary of the management structure and communication arrangements and were satisfied with the leadership shown and structured reporting arrangements. Suitable arrangements were put in place to support, develop and

supervise staff.

Management at all levels engaged with the residents on a daily basis to provide information and obtain feedback from residents as observed by the inspector. Residents were familiar with management arrangements. Interviews conducted with residents and a relative during the inspection were in the main positive in respect of the facilities and provision of services and care provided. Residents told the inspector that they were always consulted regarding any changes/improvements within the centre.

An annual review of the quality and safety of care delivered to residents was completed since the previous inspection to inform areas for improvement in 2017. Satisfaction surveys had been completed in 2016 which showed 92% satisfaction with services provided.

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/provider nominee has not changed since the previous inspection. The inspector found that the person in charge had a good rapport with residents and staff working in the centre. Residents spoken with knew the person in charge and felt they could approach her or any of the staff if they had any concern.

During the inspection she demonstrated that she had knowledge of the regulations and standards pertaining to the care and welfare of residents in the centre. She is supported in her role by an assistant director of nursing, along with nursing, care, administration, maintenance, kitchen, and housekeeping staff. Appropriate arrangements were in place for the management of the centre in the absence of the person in charge.

The person in charge and the staff team facilitated the inspection process by providing documents and information. They had good knowledge of residents' care and conditions. Staff confirmed that good communications exist within the staff team and residents highlighted the positive interactions and support provided by the staff team.

Judgment:
Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Measures were in place to protect residents from being harmed or suffering abuse. There was a current policy which provided guidance for staff on the various types of abuse, assessment, reporting and investigation of incidences. It also included how to report and manage incidents of elder abuse. The person in charge clearly demonstrated her knowledge of the designated centre's policy and was aware of the necessary referrals to external agencies, including the Health Service Executive (HSE).

Staff confirmed and training records indicated that staff had attended training on the prevention, detection and response to abuse. Staff who spoke with an inspector were knowledgeable about the various types of abuse, recognising abuse, and were familiar with the reporting structures in place. There were systems in place to ensure that allegations of abuse were investigated, and that pending such investigations measures were in place to ensure the safety of residents as observed by the inspector.

There was a visitors' record located by the reception area to monitor the movement of persons in and out of the building to ensure the safety and security of residents. Residents confirmed that they felt safe in the centre and contributed this to the continual presence of staff.

There were policies in place on responsive behaviours ((how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) and the use of restrictive practices. Supporting assessment tools were available. Staff spoken with were familiar with appropriate interventions to use to respond to residents' behaviour. The inspector was informed that behaviour logs formed part of the nursing assessment and care plan process and changes in behaviour were analysed for possible trends and inform reviews by the GP or psychiatric team.

There was evidence that residents with dementia and responsive behaviours were appropriately referred and reviewed by specialist psychiatric services. Staff had received training in responsive behaviours. During the inspection staff approached residents in a sensitive and appropriate manner and the residents responded positively to the techniques used by staff. There was a consent and communication policy in place.

Restraints in use included bedrails. There was a restraint policy in place which was in line with national guidance. A risk assessment was completed prior to the use of the

bedrails to ensure it was safe to use. There was evidence of a proactive approach to minimising bedrail use with adequate monitoring and review. Most were in use at the request of the resident and/or as an enabler. Alternatives to the use of the restraint measure were documented. The overall usage of bedrails had reduced by 2% between 2015 and 2016.

Management of a sample of resident finances were reviewed as part of this inspection. The process was transparent as observed by the inspector. Arrangements were in place to ensure residents had access to their money at all times. Residents had a locked facility in their own bedrooms to secure their possessions and valuables.

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:
Health and safety of residents, visitors and staff was found to be promoted and protected. A company director was responsible for health and safety. There was evidence of regular health and safety meetings taking place. The risk management policy contained the procedures required by regulation 26. An up-to-date safety statement was available. Responsibility for health and safety procedures and an organisational safety structure was included in the risk management policy and health and safety statement.

There were adequate precautions against the risk of fire in place. Fire equipment was serviced in line with the requirements of regulation. There was evidence of regular fire drills. Fire doors and exits were unobstructed on the days of inspection. All staff had undertaken training in fire safety and evacuation procedures. Staff who spoke with the inspector were knowledgeable of what to do in the event of a fire. There was evidence of regular fire drills taking place which included night time drills also.

The training records showed that staff had up-to-date 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 and outlined in an assessment. There was evidence that incidents were being reviewed and appropriate actions taken to remedy identified defects. The inspector spoke with the risk management officer who informed the inspector of the action plan in place to reduce falls for 2017. This included a resident educational programme and to target reduction in bedroom falls. There had been four notifiable incidents to HIQA in 2016.

There were systems in place to ensure good infection control management. There were hand sanitising solutions and hand gels available throughout the centre. These were noted to be used frequently by staff as they moved from area to area and from one activity to another. Hand washing and hand drying facilities were located in all toilet areas. There were good supplies of personal protective equipment available.

The centre had participated in a national survey of healthcare-associated infection in long-term care facilities (HALT) in order to gain further information in relation to healthcare associated infections, antimicrobial use and infection control practises. It was found that all residents who had received antibiotics had significant reductions in associated symptoms. A hand hygiene audit had been carried out in December 2016 which indicated 93% compliance rate. Clinical waste and containers for used sharps and needles were stored in a secure manner and there was an arrangement in place for the collection of clinical waste.

Measures had been put in place to facilitate the mobility of residents and to prevent accidents. These included the provision of handrails in circulation areas, grab-rails in assisted toilets and safe flooring in toilets and bathrooms. The centre had mostly wide corridor enabling easy access for residents in wheelchairs and those people using walking frames or other mobility appliances. The centre had well maintained gardens and an enclosed garden to the rear of the centre with seating for residents and visitors use. There were plans for a further garden development in 2017 as outlined in the annual review.

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:
The inspector reviewed a sample of prescription records and saw that they complied with best practice and included the maximum doses of p.r.n medicines (a medicine only taken as the need arises) to be administered over any 24 hour period. Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medicine and reduce the risk of a medication error. The prescription sheets reviewed were clear and the signature of the general practitioner (GP) was in place for each drug prescribed in the sample of drug charts examined. There was evidence of residents' medicines being reviewed on a regular basis.

Medicines were stored securely in the centre in medication trolleys or within locked storage cupboards. A secure fridge was available to store all medicines and prescribed nutritional supplements that required refrigeration, and temperatures were checked and recorded on a daily basis. Controlled drugs were stored securely within a double locked cabinet, and balances of all controlled drugs were recorded in the controlled drugs register. Nursing staff checked and documented the balances of all controlled drugs twice daily at the change of shift. The inspector checked a stock balance and found that it was correct. Medication administration practices were found to adhere to current professional guidelines.

There were procedures to ensure medication practices were reviewed and monitored. The pharmacist was facilitated to meet all necessary obligations to residents in accordance with guidance issued by the Pharmaceutical Society of Ireland, and visited the centre on a three monthly basis conducting audits of medicines management practices in the centre. The assistant director of nursing also conducted audits on a monthly basis. All nurses were trained in medicines management.

Systems were in place for ordering, supply and dispensing methods. There were appropriate procedures for the delivery and collection by the pharmacy, and checking, storage, return and disposal of medicines by nurses.

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:

The inspector was satisfied that each resident's wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical and allied health care.

There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was available and maintained, and shared between providers and services. The records reviewed confirmed that residents were assisted to achieve and maintain the best possible health through medication reviews, blood profiling and other diagnostics when required. There was good supervision of residents in communal areas and good staffing levels to ensure resident safety was maintained.

Care plans provided a good overview of residents' care and how care was delivered. On admission, a comprehensive nursing assessment and additional risk assessments were completed for all residents. This assessment process involved gathering personal information and using validated tools to assess each resident's risks in specific areas, for example falls, skin integrity, malnutrition, moving and handling and pain. The inspector noted that the range of assessments were used to inform care plans and that care was delivered in accordance with set criteria to ensure well being and prevent deterioration. There was evidence of resident/relative involvement in the care planning and review process.

There was prompt access to the GP and allied health professionals for residents who were identified as being at risk of poor nutrition. There was on going monitoring of residents nutrition. Nutritional screening was carried out using an evidence based screening tool. All residents were weighed regularly. Resident identified at risk were weighed on a more frequent basis. The inspector observed some residents having their lunch in the dining room, where a choice of meals was offered. All staff sat beside the resident to whom they were giving assistance and were noted to patiently and gently encourage and engage with residents throughout their meal.

Staff spoken with had a good understanding of end-of-life care. There was evidence that the end of life needs and wishes of residents were discussed with them and/or their next of kin as appropriate and documented in a care plan. The care plans reviewed by the inspector addressed the resident's physical, emotional, social and spiritual needs. The care plans reflected each resident's wishes and preferred pathway as part of their end of life care.

There was evidence in care plans of good links with the mental health services. Behavioural charts were available to record a pattern of altered behaviours. These were reviewed and used to inform a planned care pathway to meet resident's needs and reviews by the GP and psychiatry team. Psychotropic medications were monitored by the prescribing clinician and regularly reviewed to ensure optimum therapeutic values.

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):
No actions were required from the previous inspection.

Findings:
The inspector was satisfied that caring for a resident at end-of-life was regarded as an

integral part of the care service provided. The inspector found that there were care practices and facilities in place so that residents received end-of-life care in a way that met their individual needs and wishes. The inspector also saw that residents' dignity and autonomy were respected.

Staff provided end-of-life care to residents with the support of their medical practitioner and palliative care services. The inspector reviewed a sample of end-of-life care plans. The end-of-life care plans in place outlined the physical, psychological and spiritual needs of each resident on an individual basis, including their preferences regarding their preferred setting for delivery of care.

Single rooms were available for end-of-life care and relatives were accommodated in the centre to be with the resident at this time of their lives. Residents told the inspector that they had good access to religious clergy as they wished.

Staff had attended training in end-of-life care as observed by the inspector. Community palliative services attended the centre to support residents with pain and symptom management on referral of residents by staff.

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 was satisfied that each resident was provided with food and drinks at times and in quantities adequate for his/her needs. Food was properly prepared, cooked and served, and was wholesome and nutritious. Assistance was offered to residents in a discreet and sensitive manner.

Validated nutrition assessment tools were used to identify residents at potential risk of malnutrition or dehydration on admission and were regularly reviewed thereafter. Weights were also recorded on a monthly basis or more frequently if required. The inspector saw that residents had been reviewed by a speech and language therapist and dietician if required.

The inspector observed practices and saw that staff were serving appropriate meals and using appropriate feeding techniques as recommended. The inspector saw that there

was adequate staff to provide assistance in a discreet and sensitive manner if required. Medication records showed that supplements were prescribed by a doctor and administered appropriately.

The inspector visited the kitchen and spoke with the chef who was knowledgeable regarding residents' likes and dislikes. The kitchen was well organised and had a plentiful supply of fresh and frozen food which was stored appropriately.

Adequate choices were available at each meal. The inspector saw that residents who required their meal in an altered consistency had the same choices available to them as other residents. The inspector saw that snacks and refreshments were available at all times. The dietician was involved in menu planning and had completed a nutritional analysis of the menus to ensure it was nutritious and adequately varied in January 2017.

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:

The inspector found that residents were consulted regarding the planning and organisation of the centre. Choice was respected and residents were asked how they wished to spend their day. Control over their daily life was also facilitated in terms of times of rising or returning to bed and whether they wished to stay in their room or spend time with others in the communal rooms.

Staff were observed to interact with residents in a warm and personal manner, using touch, eye contact and calm reassuring tones of voice to engage with those who became anxious, restless or agitated. The inspector also observed that where residents required supervision in communal areas that staff used these opportunities to engage in a meaningful and person-centred way.

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

positive in relation to their quality of life in the centre.

Residents were facilitated to exercise their civil, political and religious rights. Residents confirmed that their rights were upheld. Residents' right to refuse treatment or care interventions were respected as evidenced through the care planning process. Residents were satisfied with opportunities for religious practices.

Residents had access to a variety of national and local newspapers and magazines to reflect their cultural interests and heritage. These were located in easily accessible areas and available to residents daily as observed by the inspector. A residents' forum was in place and minutes of meetings were viewed by the inspector. Residents had access to an independent advocacy service if they wished.

Social care planning was undertaken by the staff team and the inspector saw that there were opportunities for residents to participate in activities, appropriate to their interests and preferences. Residents who spoke with the inspector highlighted the events which they were involved in such as spiritual activities which were meaningful to their lives, arts and crafts, outings with their family members, entertaining visitors and other low-key activities such as watching television, reading the local newspaper, magazines or books.

The inspector saw the majority of residents participating in a music session organised by the activity coordinator. For those residents who did not fully participate, staff made time to sit and chat to them quietly. Some residents preferred to stay in their rooms and one of the activity coordinators would visit them on a daily basis.

Aside from routine observations, as part of the overall inspection, a standardised tool was also used to monitor the extent and quality of interactions between staff and residents during discrete 5 minute periods in a block of 30 minutes. The observation returned a positive result in that staff had engaged positively and meaningfully with residents on a regular basis.

The activity coordinator told the inspector that she encouraged community groups such as local schools to interact with residents. For example, two students from a local school involved some residents in their Young Scientist Project which was titled "Elderly Mobility Move to Improve" in 2016. The students visited the residents twice weekly to provide a mobility programme which had been assessed by the internal physiotherapist. The residents told the inspector that they formed great friendships with the students and went to the Young Scientist Exhibition to oversee the project. Residents told the inspector that they had a great day out and had their lunch in the Four Seasons Hotel.

Judgment:
Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an

appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

Findings:

The inspector formed the judgement through observation, speaking with staff and review of documentation that there was an adequate complement of nursing and care staff with the required skills and experience to meet the assessed needs of residents taking account of the purpose and size of the designated centre. Residents spoken with confirmed that staffing levels were good stating they never had to wait long for their call bell to be answered or their requested needs to be met. A staff rota was maintained with all staff that worked in the centre identified. Actual and planned rosters were in place.

Records reviewed confirmed that all staff had mandatory education and training in place. Staff had also been provided with education on a variety of topics, such as dementia, responsive behaviours, infection control, restraint, wound management, risk management and medication management. There was a training plan available for 2017. Staff spoken with told the inspector their learning and development needs were being met.

Staff demonstrated to the inspector their knowledge in a number of areas for example, infection control, fire safety, adult protection and caring for residents with dementia or responsive behaviours. Staff who spoke with the inspector confirmed that they were supported to carry out their work by the provider and person in charge.

There was a recruitment policy in place which ensured that staff were selected and vetted in accordance with best recruitment practice. The person in charge and operations manager confirmed to the inspector that Garda vetting was in place for all staff. The inspector reviewed a sample of staff files, and found that they contained all of the information required by Schedule 2 of the regulations, including professional registration for nursing staff. There were no volunteers working in the centre at the time of this inspection.

The inspector observed that staff appraisals took place on an annual basis. Good supervision practices were in place with the nurses visible on the floor providing guidance to staff and monitoring the care delivered to residents. Residents told the inspector that they were very well cared for by staff.

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:

Ide Cronin
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority