<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Heatherlee Nursing Home</th>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000237</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Lawlor's Cross, Tralee Road, Killarney, Kerry.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>064 663 3944</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:maryobrien1997@gmail.com">maryobrien1997@gmail.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>Mary O'Brien</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Mary O'Brien</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Mairead Harrington</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
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<tr>
<td>Type of inspection:</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>22</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>22</td>
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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: 07 September 2017 12:30  
To: 07 September 2017 17:30
From: 08 September 2017 09:15  
To: 08 September 2017 16:00

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Compliant</td>
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<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
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<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Compliant</td>
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<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Compliant</td>
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<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
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<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Compliant</td>
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<td>Outcome 12: Safe and Suitable Premises</td>
<td>Compliant</td>
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<td>Outcome 13: Complaints procedures</td>
<td>Compliant</td>
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<tr>
<td>Outcome 15: Food and Nutrition</td>
<td>Compliant</td>
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<tr>
<td>Outcome 18: Suitable Staffing</td>
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Summary of findings from this inspection
This report sets out the findings of an announced inspection at Heatherlee Nursing Home, Lawlor’s Cross, Kerry. The purpose of the inspection was to monitor compliance with regulations and standards. Renewal of registration for the centre had been granted on 10 September 2017. As part of the inspection the inspector met with residents, the person in charge and provider, relatives and visitors, and other staff members. The inspector reviewed governance, clinical and operational documentation such as policies, procedures, risk assessments, reports, residents’ files and training records. Staff and management were observed in the conduct of their daily routine and engagement with residents. The inspection also assessed the physical environment and reviewed health and safety arrangements.

The findings of the inspection are described under 10 outcome statements. These outcomes set out what is expected in designated centres and are based on 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 Quality Standards for Residential Care Settings for Older People in Ireland. Previous inspections of the centre demonstrated that a high standard of care was provided in
keeping with evidence-based practice. The last inspection of this centre took place on 10 August 2016. A copy of that report is available at www.hiqa.ie. A significant level of compliance had been recorded during that inspection and the provider had demonstrated a responsive approach in the timely implementation of any improvements identified. Throughout the inspection staff and management demonstrated a conscientious approach to their respective roles; the inspector assessed that the centre operated in compliance with both the regulations and the conditions of its registration.

The provider also fulfilled the role of person in charge and had held sole responsibility for the delivery of the service since commencement at the centre in the late 1990’s. The provider was in attendance throughout the duration of inspection and demonstrated an effective understanding of the duties and responsibilities associated with the role. The provider outlined the management structure in place and described processes around supervision and accountability in operation. The centre was appropriately resourced to provide comfortable accommodation and facilities that were in keeping with the assessed needs of residents. The premises were clean and well presented throughout. There was appropriate outside space that was secure and well maintained where residents could sit and take the air in fine weather. Residents had regular access to the services of a general practitioner (GP), and other healthcare professionals as required. Staff had received appropriate clinical and practical training in keeping with their roles and responsibilities.

The inspector spoke with staff who had responsibility for developing and delivering a meaningful activity programme, and who confirmed that resources were appropriately allocated to support these initiatives. The safety of residents, staff and visitors at the centre was seen to be actively promoted and a centre-specific risk management policy was in place. The culture of care at the centre was community oriented with many residents and members of staff from the local area. Residents were supported to engage in decision making at the centre through the provision of relevant information, resident meetings and access to independent advocacy services. Satisfaction surveys took place and the independent advocate who attended the centre was also available to provide training to staff as required. A comprehensive statement of purpose summarised the ethos of care that could be expected, including “a home from home” where “each resident was supported to function as independently as possible”. The inspector noted that feedback from residents and relatives reflected this as being their experience of care, remarking on the high standard of personal attention by all staff who were “kind and caring”.

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

Findings:
The centre was a well established nursing home operating under the private management of Mary O’Brien, acting as person in charge and service provider. Governance was implemented directly through the person in charge with the support of a nominated deputy, who also participated in the management of the centre. Management arrangements were set out in the statement of purpose. Care was directed through the person in charge who was in attendance at the centre on a full-time basis. The person in charge described communication and supervision arrangements that were in keeping with the size of the centre and the current profile of residents. Team communication around individual care needs of residents took place between all staff on at least a daily basis.

The centre was registered for a maximum occupancy of 22 residents. The centre was very well maintained and the provider confirmed that resources were dedicated on a consistent basis to ensure a continuing programme of upkeep. The provider demonstrated a responsive approach to regulatory compliance as evidenced in the effective action taken to address previous inspection findings. The provider also articulated a commitment to continuous professional development and quality improvement. Resources for the provision of training and education were appropriate to ensure that staff were competent to provide care in keeping with the assessed needs of residents. The provider was able to describe systems of oversight to monitor the quality and safety of the service being delivered. This was demonstrated in the data collected through audits on areas of service, such as the scheduling and uptake of vaccinations, the occurrence of falls, and the use of psychotropic medicines for example.

An annual review of the quality and safety of care took place and a copy of the report on this review was available for reference as required by the regulations. The review was set against a framework that reflected the relevant national standards and
incorporated an improvement action plan for implementation. A regular schedule of audits provided relevant data to inform this review. As outlined under the outcome headings of this report, the audit schedule included checks in areas of health and safety, infection control, the occurrence of healthcare associated infections, clinical care and review, access to allied healthcare professionals and medication management. Residents and relatives had also been consulted via a process of questionnaire and survey feedback.

**Judgment:**
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:**
There had been no change to this appointment since the previous inspection. The person in charge had extensive experience in clinical care and was qualified in keeping with the requirements of the post. The person in charge worked on a full-time basis and was also accessible out-of-hours and at weekends. The person in charge was available throughout the course of the inspection, demonstrating a professional approach and an understanding of the statutory responsibilities associated with the role. The person in charge was supported by an assistant director of nursing who was also appropriately qualified and experienced for the role.

**Judgment:**
Compliant

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**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:
Appropriate systems were in place at the centre to support the safety and protection of residents. These included provisions around general security of the premises, such as a visitors’ log of attendance. Policies and procedures reflected national guidance and statutory requirements for the safeguarding of residents. The inspector discussed issues of safeguarding with members of staff who confirmed that they had received relevant training and a review of records confirmed that training had last taken place in March 2017.

The inspector spoke with residents and visitors, all of whom remarked positively on their sense of safety and security at the centre. This feedback was also reflected in questionnaires and surveys that were reviewed. Systems to protect residents included an electronically controlled entry point. There had been little change to staffing arrangements since the previous inspection and residents spoken with were familiar with individual staff members and also recognised the person in charge.

Policies on the management of resident finances and property were in place. There were appropriate processes to ensure the safe storage and return of personal belongings. Residents had secure storage provided in their rooms. The inspector spoke with the administration officer who confirmed that, where possible, residents managed their own finances either independently or with the support of their family. The centre did not administrate financial accounts for any resident. There was a policy and procedure around safeguarding residents’ finances that set out the requirements for the maintenance of records to ensure supervision of transactions. At the time of inspection, the centre was not managing any money for residents of the centre.

Relevant policies were in place that provided appropriate guidance to staff on the approach to managing responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The inspector reviewed a sample of care plans and observed practice in the management of care for residents who might present with responsive behaviours. The inspector noted that many employees were long standing members of staff who were very familiar with residents' needs and had a well developed understanding of their circumstances and background. In instances where residents became agitated or confused staff were seen to demonstrate a person-centred approach in providing support and reassurance as appropriate.

The provider was able to explain how each resident was individually assessed in relation to requirements around maintaining a safe environment. This included the use of a validated tool to assess the degree of risk in relation to falling out of bed, for example, and also to identify an appropriate measure to reduce such risk. Measures assessed as appropriate might include the use of a restraint, such as a bed-rail. In these circumstances appropriate assessments also took place to measure any potential risk associated with the use of the bed-rail, and also to consider possible alternatives, such as low beds or crash mats. Where restraints such as bed-rails were in use, routine monitoring and review was documented. This practice was also subject to regular audit.
The inspector noted that consent forms were completed on care plans and signed copies were available for reference.

Management understood the circumstances that could define the use of PRN (a medicine taken only as the need arises) psychotropic medicine as a form of chemical restraint. In the event of such use, the provider understood the associated responsibility to record and report these circumstances in keeping with statutory requirements.

**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):**

**Findings:**
Policies and procedures relating to health and safety were site-specific and up-to-date. There was a risk management policy that addressed the areas of unauthorised absence, assault, accidental injury, aggression, violence and self-harm, as required by the regulations. An emergency plan was in place that identified alternative accommodation for residents in the event of an evacuation. There were personal evacuation plans in place for individual residents that took account of mobility needs.

A fire-safety register was maintained that demonstrated daily, weekly and monthly checks were completed to ensure effective fire-safety precautions. Regular checks of fire-prevention and fire-response equipment were in place, including emergency lighting and fire alarms. A fire-evacuation plan was displayed clearly in corridor access areas. A regular programme of fire-safety training was in place and a review of records indicated that training on this had last been delivered in February 2017. The inspector spoke with staff who confirmed that relevant training had been provided and that they partook in regular drills. Documentation was in place that confirmed equipment for use in the event of a fire had been serviced by a competent authority. Relevant risk assessments had been completed for any resident who smoked. The centre accommodated residents who smoked and there was a designated external smoking area with precautionary equipment in place, such as a fire-blanket and fire-apron.

Measures in place to prevent accidents throughout the premises included grab-rails and call-bells. Emergency exits were clearly marked and unobstructed. The inspector reviewed recording processes for accidents and incidents that included relevant details, such as time and circumstances. These were regularly reviewed by the provider. There was evidence that the information could be referenced to provide learning for improved
practice. A comprehensive risk register was in place that contained relevant information on potential risks in relation to both residents and the environment. Measures in place to monitor risk included regular audits and a routine ‘safety pause’ that recorded the circumstances and controls in place at a particular time for identified risks.

The inspector noted that healthcare and catering staff demonstrated an understanding of effective cleaning practices and infection control principles. Hand hygiene was observed and staff used protective equipment such as gloves and aprons as appropriate. Sanitising hand-gel was readily accessible throughout the centre. Records reviewed indicated that staff were provided with regular training in the control and prevention of infection. A nominated member of staff held responsibility for monitoring compliance in relation to infection prevention and control, as required by the national standards. Relevant audits were in place, in relation to the use of catheters and the occurrence of healthcare related infections, for example. Regular hand-hygiene audits also took place. Access to cleaning storerooms and sluice rooms was restricted. The premises were very well maintained throughout and a high standard of cleanliness was in evidence.

**Judgment:**
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:**
The inspector reviewed practice and comprehension in relation to the management of medicines with a member of nursing staff. Processes in place for the handling of medicines were safe and in accordance with current guidelines and legislation. Practice around the storage and monitoring of medicines, including controlled drugs, was in keeping with requirements. Appropriate protocols were in place to ensure that medicines were checked on receipt and stored securely. Fridge temperatures were monitored and recorded. Prescription and administration records for residents included a photograph and other biographical information as required. Times of administration were recorded and signed as necessary. The maximum daily dosage for PRN medicine (taken only as the need arises) was recorded. No residents were being given their medicine covertly and no residents were self-administering at the time of inspection.

The inspector discussed practice in relation to the refusal of treatment or medicine by a resident. Both management and nursing staff were consistent in their response and identified referral for review by the prescriber as appropriate. The provider confirmed that the medicines charted for each resident were reviewed regularly, and separately, by
both the prescriber and a pharmacist. A nominated member of nursing staff had responsibility for the implementation of regular audits. Psychotropic medicines were reviewed regularly and records indicated the last check had taken place on 6 September 2017. Monitoring systems for residents with diabetes were in place on a weekly basis. A log of medication errors was maintained and reviewed. Nursing staff had access to relevant training to ensure continued competence. Compliance aids were available for reference by staff when administering medicines. A signature bank of nursing staff was maintained.

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:
This outcome was assessed as compliant on the last inspection in August 2016. Similar components of care were reviewed in relation to the general profile of resident needs during this inspection and again there was positive compliance across the areas assessed. Assessment arrangements were in place, prior to admission, to ensure that the provisions of the service were compatible with the health and social care needs of the resident. A further comprehensive assessment of overall needs, abilities and preferences took place following admission. These assessments were used to develop individualised care plans.

Each care plan included information on the family and social background of the resident in a ‘Key to Me’ format, in some instances completed by the resident themselves. Appropriate consideration was given to advanced care planning as part of the assessment process. There was documentation that indicated residents were consulted in relation to their preferences in keeping with the ‘Let Me Decide’ template. The provider demonstrated a commitment to recreation and meaningful activities as part of a therapeutic welfare programme for residents. Resources were dedicated on a consistent basis to provide a range of activities for both groups and individuals. These included passive exercises, crosswords, reminiscence and an arts and crafts day during the week. The inspector reviewed the records on individual files that reflected residents’ preferences around recreation and the extent to which they could engage with the
activities provided. The inspector noted that residents who enjoyed drawing, for example, were provided with plenty of materials to regularly engage in this interest. The inspector spoke with visitors who commented very positively about their experience of care at the centre and who remarked on the “thoughtful and considerate staff” and the “homely atmosphere”.

The care plans examined as part of the sample on this inspection were clearly laid out with individualised assessments, and related plans of care, that reflected comprehensive and regular review. Validated tools were used to assess residents’ needs in relation to nutrition, cognition and skin integrity, for example. Signed consent forms in relation to the use of photography were in place. Communication notes contained signatures and dates of consultation with residents or family members. The provider was able to describe effective access to relevant allied healthcare practitioners such as physiotherapy, occupational therapy, and speech and language therapy. Consultation and review by these resources were also recorded on the care plans reviewed. Specific care plans were in place as necessary for residents with particular needs in relation to the management of a wound. No residents were presenting with a pressure sore at the time. Additional resources to provide guidance and training on nutrition and skin integrity were accessible through the service of a dietitian and tissue viability nurse.

Consultancy services in psychiatry and gerontology were available on referral through regional acute services. Documentation on hospital transfer arrangements and general medical notes were maintained for reference. Medical notes reflected regular review by a general practitioner (GP). Residents were assessed in relation to their risk of falls and ability to mobilise. Relevant care plans provided guidance to staff on the appropriate manual handling requirements and use of assistive equipment necessary to deliver care safely. Residents were assessed in relation to oral and eye care and provided with access to related services where required. At the time of the inspection, there were no residents at the centre experiencing significant weight loss. The centre had access to the services of a palliative care team, though no resident was receiving such care at the time of inspection. The inspector discussed the healthcare circumstances of several residents with various staff members and all were consistent in their understanding of the residents’ circumstances and individual needs, as reflected in their care plans.

Judgment: Compliant

Outcome 12: Safe and Suitable Premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents’ individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme: Effective care and support
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The centre was a single-storey construction situated near Lawlor’s Cross on the main road to Tralee. The building and grounds were well maintained and a suitable parking area was available to the front of the premises. The size and layout of the premises was in keeping with the statement of purpose, and provided facilities and space that reflected the needs of the resident profile. The centre provided accommodation for up to 22 residents, comprising six single and eight twin rooms. There were shared or private en-suite facilities in four of both the single and twin bedrooms. The remaining bedrooms were equipped with a wash hand-basin and there was also access to toilet and bathroom facilities that were well maintained and accessible. Residents’ rooms were comfortable and personalised to varying degrees with each providing a bedside locker, wardrobe and chair. Residents had choice around how their space was organised with personal belongings, photographs and memorabilia. All rooms had natural light and provided adequate space for the use of assistive equipment if necessary. All rooms had a clock and radio or television, and were fitted with call-bell facilities that were easily identifiable and accessible. All twin rooms also had privacy screens in place. There was a patio garden area at the back of the building with seating for residents to sit out in fine weather.

Access to the centre was through a controlled entrance to a small reception area with adjacent office. There was a bright dining-room, set for small groups, that was decorated in a homely style with an array of crafts and decorations that residents themselves had made during activities. The dining-room opened into a day-room that was bright, with natural light, where residents could listen to music or watch television and engage in activities. There was also a small reading room with seating where residents could receive visitors in private. The layout of space allowed for movement between communal areas and also provided ease of access for residents to their accommodation on adjoining corridors. There was a small lobby area with seating and the inspector noted that some residents favoured this area to spend time and take their meals. The centre was comfortable and well presented throughout with good use of natural light and decoration. Furnishings were in good condition and comfortable. Heating, lighting and ventilation was appropriate to the size and layout of the centre. Kitchen facilities were laid out and appropriately equipped for the size and occupancy of the centre. The laundry area was well laid out with an external access point and appropriate space and equipment to meet its purpose. The centre had an adequate stock of assistive equipment, such as wheelchairs and hoists, to meet the needs of the residents. Appropriate storage was available as required. Staff were also provided with their own changing and storage area. The centre was very clean throughout.

Judgment:
Compliant

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative,
and visitors are listened to and acted upon and there is an effective appeals procedure.

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

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

**Findings:**
Information on how to make a complaint was provided in the statement of purpose and a summary of the process was also on display in the entrance area of the centre. The complaints policy had been reviewed and included information, as required by the regulations, in relation to the complaints officer and the individual with responsibility for oversight of the complaints process. The inspector reviewed the record of complaints and information recorded included entries for the complaint and complainant, details of any investigation into the complaint and the outcome. The inspector spoke with residents and visitors who understood how to raise any concerns they might have. Feedback in questionnaires also indicated that there was a clear understanding of who was in charge and how to go about making a complaint. Regular resident meetings took place where issues could also be raised. The provider was in daily attendance and met regularly with residents to ensure their needs were met. The inspector discussed the complaints process with the provider and confirmed that there were no complaints in process at the time of inspection.

**Judgment:**
Compliant

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**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:**
Overall, the inspector found that the nutritional needs of the residents were well assessed and met to a high standard. The inspector reviewed practice in relation to mealtimes and diet with staff and management, including the chef, and all were consistent in their feedback and understanding of the importance of nutrition to the wellbeing of residents. Appropriate consideration was given to all mealtimes as an
important opportunity for residents to express their preferences and be able to enjoy their meal as they would like. Residents had choice as to where they took their meal, including whether they got up or remained in bed for breakfast.

The inspector reviewed menus that offered a good choice and variety of freshly prepared meals. The inspector also spoke with residents who commented on the very good food they enjoyed and how their particular preferences were routinely met, including personal favourites and vegetarian options. There were relevant policies in place on food and nutrition that set out protocols in relation to the assessment and monitoring of residents' nutritional and fluid intake, and also provided guidance on procedures for the recording of this information in resident care plans. Staff spoken with had received appropriate training in how to prepare food and fluids for residents who might have difficulty swallowing. There was also good communication between catering and healthcare staff about the needs and preferences of residents. Staff were seen to offer appropriate assistance as necessary during mealtimes and light snacks and refreshments were offered regularly in the course of the day.

**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 reviewed the staff rota with the person in charge and noted that the staff numbers and skill mix were appropriate to meet the needs of the residents, having consideration for the size and layout of the centre. A summary of the staff profile was also included in the statement of purpose. A suitably qualified member of staff had responsibility for deputising, as necessary, and this member of staff also participated in the management of the centre. At time of inspection supervision was directed through the provider as person in charge. The provider described processes in place to ensure that staff were kept aware of the changing needs of residents, such as a regular daily handover meeting. Supervision was also implemented through monitoring processes and
a regular programme of audits and routine health and safety checks.

An appropriately qualified, registered nurse was on duty at all times. Staff spoken with were competent to deliver care and support to residents and were aware of their statutory duties in relation to the general welfare and protection of residents. Discussions with staff, and a review of the training matrix, confirmed that staff received regularly updated training in the required mandatory areas. The centre provided an additional programme of training on areas such as infection control, assisted decision making, dysphagia and managing epilepsy. Copies of the standards and regulations were readily available and accessible by staff. Signature records were in place that demonstrated staff had familiarised themselves with relevant guidance. Discussions with staff indicated that they were aware of their duties and responsibilities in relation to the safety and welfare of all residents.

The centre had appropriate policies on recruitment, training and police vetting. The inspector reviewed a sample of personnel files and was satisfied that the maintenance of this documentation was in keeping with the requirements of Schedule 2 of the regulations. These files also included a record of staff appraisals. The provider was able to describe robust recruitment practices and induction processes that were reflected in the associated policies and procedures. Police vetting was in place for all staff before the commencement of their employment. There were no volunteers at the time of inspection.

**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:**

Mairead Harrington
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority