

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Riverside Nursing Home
Centre ID:	OSV-0000274
Centre address:	Milltown, Abbeydorney, Tralee, Kerry.
Telephone number:	066 713 5210
Email address:	riversidenursing@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Riverside Care Centre Limited
Provider Nominee:	Margaret Roche
Lead inspector:	Mairead Harrington
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	27
Number of vacancies on the date of inspection:	0

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:
13 June 2017 12:00	13 June 2017 18:15
14 June 2017 09:00	14 June 2017 15:15

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 03: Information for residents	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 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This report sets out the findings of an announced registration renewal inspection. Documentation to support the renewal application had been submitted in keeping with requirements. Current registration is due to expire on 22 September 2017. There had been no substantive change to the ownership and management of the centre since the previous inspection. The service continued under the management of Riverside Care Centre Ltd. A director of the company operated as both representative of the provider and person in charge. This director had been in attendance on the previous inspection and had demonstrated an active role in the management of the centre as well as a responsive approach to the requirements of the regulations. On this inspection, the person in charge was unavailable and representation of the providing service was fulfilled through the attendance of the nominated members of staff participating in management. A clearly defined management structure was in place. Nominated members of management had responsibility for deputising for the person in charge, as necessary.

The premises and grounds were well presented throughout with all fittings and equipment clean and well maintained. A regular cleaning schedule was in place. Feedback from residents, in person and through questionnaires, remarked on the consistent cleanliness of the environment. A review of care plans confirmed that appropriate resources were in place to provide effective care that met the individual needs of residents. Nursing care was found to be evidence-based and supported by relevant assessments. Residents had access to appropriate healthcare facilities and services. The culture of care at the centre was community oriented with many residents and members of staff from the local area. Residents were encouraged to express themselves and the centre also had processes in place for meeting with residents to get their view and feedback on the service. Satisfaction surveys were undertaken that asked residents their view on the variety and quality of service in relation to activities and meal choices, for example. Advocacy services were available and an effective complaints process was in place. Residents at the centre understood who was in charge and who to go to if they had any concerns.

As part of the inspection process the inspector reviewed clinical and operational documentation, including policies, procedures, risk assessments, reports, resident files and training records. A number of care plans for residents were also reviewed. During the inspection the inspector met and spoke with residents who were in the centre for both continuing care and respite. Some of the residents spoken with had experienced the centre over time, as their relatives had previously been residents. The inspector met and spoke with the management team and a number of staff working across different areas of care, discussing their daily routine, practice and training. The inspector observed staff members across all areas of responsibility in the conduct of their daily duties. In keeping with the assessment on previous inspection, a high standard of evidence-based care was being provided for residents.

The atmosphere at the centre was homely and relaxed, communication was warm and engaging between staff and residents. There was a regular routine of meaningful activities facilitated directly by an activities coordinator and it was evident that communication and participation around activities was supported by all staff members as they went about their daily routine. The inspector met with a number of relatives and residents who all provided very positive feedback on the service and care provided. This feedback was further supported by comments in questionnaires that referred to staff being 'warm and conscientious' and describing the centre as a 'happy home'. Residents were seen to regularly receive visitors throughout the two day inspection.

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

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector reviewed the statement of purpose and found that it complied with all the requirements of Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). A copy of the statement of purpose was readily available for reference.

It consisted of a statement of the aims, objectives and ethos of the centre and summarised the facilities available and services provided. The statement of purpose was kept under review and was last updated on 24 April 2017.

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:

The designated centre was a privately owned service, and has been in operation on the current location since 1982. The centre was managed by Riverside Care Centre Ltd. There had been no change to the ownership of the centre since the last inspection. The service continued to be well maintained and resources were allocated to improvements and developments on an ongoing basis. Effective systems of governance were in place. The management structure operated with clearly defined lines of authority and accountability. The person in charge fulfilled the role of representative of the providing service and was a director of the company. The delivery of care was directed through the person in charge who was supported by a team of senior nursing and administrative staff. Responsibilities were appropriately delegated throughout a management team that was available at all times during the inspection. Each member of the team demonstrated accountability in their areas of responsibility. Effective deputising arrangements were in place and each of the appointed senior nursing staff were appropriately qualified and experienced to undertake the role as required. A nominated member of staff held responsibility for the management of facilities and maintenance.

Management systems were in place to monitor the provision of service with a view to ensuring safety and consistency; these included regular staff and management meetings and daily handover processes. Management demonstrated a commitment to meet the requirements of the regulations and areas for improvement identified on previous inspections had been addressed. Throughout the inspection both staff and management demonstrated an understanding and commitment to person-centred care. This approach was evident in both daily practice and in the quality management systems to assess the effectiveness of the service and identify areas for review and improvement. A regular and comprehensive schedule of audits was in place that covered key areas around infection control, the use of restraint and medicines management. In keeping with regulatory requirements, an annual quality and safety review of care against the standards had been completed. This review summarised the data from quality monitoring processes, such as audits, that had been in place throughout the year. It described progress against performance indicators and outlined areas for improvement as identified in learning from the audits and practice reviews. Qualitative information was also included on satisfaction with the service as reflected in feedback from resident questionnaires and surveys.

Judgment:

Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

A comprehensive guide provided relevant information on the services and facilities that were available to residents in the centre. Each resident had a written contract, signed and dated, that included details of the overall fees to be paid, and services to be provided, in relation to care and welfare.

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:

Current, site-specific policies were in place for all matters detailed in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Copies of the relevant standards and regulations were maintained on site. Members of staff spoken with demonstrated a satisfactory understanding of the policies discussed and their application in practice; for example managing challenging behaviour and responding to emergencies, including fire and evacuation procedures.

Records checked against Schedule 2, in respect of documents to be held in relation to members of staff, were in keeping with requirements. Other records to be maintained, such as a complaints log, records of notifications and a directory of visitors were also available.

Resident records checked were complete and contained information as detailed in Schedule 3, including care plans, assessments, medical notes and nursing records.

Policies, procedures and guidelines in relation to risk management were up-to-date and available as required by the regulations. These included fire procedures, emergency plans and records of fire-safety training and fire drills. Maintenance records for equipment, including hoists and fire-fighting equipment, were also available. Records and documentation were securely controlled, maintained in good order and retrievable

for monitoring purposes.

A current insurance policy was available that verified the centre was adequately insured against accidents or injury, to residents, staff and visitors.

The directory of residents was reviewed by the inspector and found to contain comprehensive details in relation to each resident, such as name, contact details for relatives and contact details for the general practitioner (GP).

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:

This outcome had been assessed as compliant on the last inspection in November 2016. There had been no substantive change to the systems in place to manage the safeguarding of residents. The policy and procedures in place for the prevention, detection and response to abuse had been reviewed in January 2016. These documents clearly set out the guidance to staff on the appropriate action to take in the event of such an allegation.

Two members of the management team held 'Train the Trainer' qualifications and a regular programme of training on safeguarding and safety was delivered at the centre. A review of the matrix confirmed that training had last been delivered in April 2017. Members of staff spoken with by the inspector were competent to recognise the different types of abuse and also understood their responsibilities on when and how to report such information. Residents spoken with by the inspector commented on the good care they received at the centre and said that they were comfortable and felt safe. These residents were clear on who was in charge and who they could go to should they have any concerns they wished to raise.

The inspector spoke with the member of management with responsibility for administration who confirmed that, where possible, residents managed their own finances either independently or with the support of their family. At the time of the inspection the centre did not administrate 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 confirm supervision of transactions. A sample of invoice and transaction records was reviewed that had been counter-signed in keeping with protocol. This system was also monitored with oversight by regular internal audit. Management provided residents with access to a centrally controlled safe, if they wished, and each resident also had lockable storage in their own rooms.

There was a policy on the management of responsive behaviours and staff were also provided with training on understanding dementia. The inspector reviewed the care plans of residents that might present with related behaviours. These care plans included meaningful assessments and reviews around the possible antecedents and triggers that could lead to responsive behaviour, and also provided guidance on strategies to manage these circumstances that would help alleviate anxieties for the resident. The care plans also recorded input and review, where appropriate, by community mental health services. Policies and procedures were in place around the use of restraint. Management and staff were aware of the need for appropriate assessment and consultation in considering the use of any restraint, and that all alternatives should first be considered. Assessments had been undertaken to ensure that the use of restraint was safe and appropriate; these assessments were documented on individual care plans. A recorded monitoring system was in place. Management and nursing staff understood the criteria in relation to the use of chemical restraint and related records were maintained where required. Systems of oversight were in place with regular audits being undertaken that included a review on the use of PRN (a medicine taken only as the need arises) psychotropic medicines.

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 person in charge held responsibility and accountability for monitoring compliance with the new national standards for infection control and prevention. There was a comprehensive infection control policy that reflected relevant national standards and guidelines on the prevention and control of healthcare associated infections. Work routines observed by the inspector were in keeping with good practice and included the appropriate use of personal protective equipment. Sanitising hand-gel was readily accessible and regular use by staff was evident. Audits of staff practice in relation to hand-hygiene took place regularly. Cleaning trolleys were seen to be tidy, well stocked

and safely stored. The premises were clean and well maintained.

Records indicated all staff had received current training in fire-safety procedures. The inspector spoke with members of staff who were able to explain their understanding of the alarm system and had also participated in regular fire drills. Fire equipment was located appropriately throughout the centre, including the smoking room. There were no residents who smoked in residence at the time of inspection. Records were available that showed the fire alarm, fire equipment and emergency lighting were routinely serviced in keeping with regulatory requirements. Fire equipment had been certified as of 03 October 2016. Evacuation plans were clearly displayed. Care plans contained personalised evacuation plans. Policies and procedures relating to health and safety were site-specific and current. The risk management policy had been reviewed and referenced the specific hazards identified in the regulations. It also included an active risk register that set out the controls and measures in place to manage a range of centre-specific risks, such as slips, trips and accidents. The risk register had been reviewed on 25 April 2017. An incident log was maintained that recorded the circumstances, management and outcome of events. Members of management explained that where learning was identified, it was communicated to staff through handover meetings and revised protocols. Learning was also reflected in the annual quality review. Appropriate environmental safeguards were in place such as grab-rails in corridors. An environmental report dated 7 June 2017 was compliant. There were records of regular checks on bed-rail equipment, including bed-brakes. Call-bells were accessible in all rooms and a check of these had taken place on 9 June 2017.

A health and safety statement was in place dated 24 February 2017. It included an emergency plan and outlined appropriate guidance to staff in the event of emergencies, such as water loss and power outage or fire. Access to high risk areas such as the laundry and sluice rooms was restricted. Arrangements were in place for the secure storage of hazardous items such as cleaning chemicals. The door mechanism for securing access to the nursing station was not always effective; management took immediate action to address this issue at time of inspection and installed a door closing device.

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:

A comprehensive suite of policies and procedures around the management of medicines were in place that had been reviewed in September 2016. This information provided relevant guidance to staff on the ordering, prescribing, storing and administration of medicines. An audit schedule was in place that covered processes around ordering, storage and practice in relation to prescribing and administration. Prescribed medicines were regularly reviewed by both the prescriber and pharmacist. The inspector spoke with members of nursing staff who confirmed that their training on medication management was regularly updated. Procedures to assess competencies in this regard were in place.

Where medicines were refrigerated, the temperature of storage was recorded and monitored; these records were available for reference. Medicines such as eye drops had the dates of opening recorded on the product. A system was in place to record and monitor medicine related incidents. Nursing staff confirmed that the pharmacist visited the centre on a regular basis and was facilitated to meet their obligations to residents in accordance with guidance issued by the Pharmaceutical Society of Ireland.

The inspector observed a round of medicine administration and noted that nursing staff followed appropriate protocols in relation to hand-hygiene and the security of medicines throughout. Medicine was administered in a person-centred manner. Prescription sheets contained the necessary biographical information, including a photograph of the resident. A sample of prescription records was reviewed; where PRN medicines were prescribed, relevant maximum daily dosages had been indicated by the prescriber. Where residents required their medicines to be crushed prior to administration, authorisation by the prescriber was documented. A member of nursing staff demonstrated processes for the management of controlled drugs. These were in keeping with guidelines and included protocols for stock control at the start and end of every shift, and double signatures on administration. At the time of inspection there was no transcribing of prescriptions and no residents were self-administering their medication.

Judgment:
Compliant

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe care and support

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

Findings:
A record of incidents and accidents that happened at the centre was maintained and, where the circumstances of the event required notification to the Chief Inspector, these were submitted in keeping with regulatory requirements. Quarterly reports were also

returned as per the regulations.

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 in relation to the health and social care needs of residents with a cognitive impairment during the last inspection in November 2016. Similar components of care were reviewed in relation to the general profile of resident needs during this inspection and there was positive compliance across the areas assessed.

The care plans tracked 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. All residents had a preliminary assessment prior to admission and underwent a further comprehensive assessment within 48 hours of being admitted. The centre facilitated residents in retaining the services of their general practitioner and pharmacist, where possible. Assessments covered 12 domains of care, such as communication, hygiene and mobility, and also addressed psycho-social components around self-image and end-of-life planning. Resident assessments were undertaken in keeping with evidence-based practice. Validated tools were used to assess needs in relation to nutrition, cognition and skin integrity. Each resident had a care plan that had been developed based on their assessed needs. Signed consent forms were in place and communication notes indicated that residents and their family were consulted when developing plans of care.

The inspector spoke with members of the senior nursing staff who were able to describe effective access to relevant allied healthcare practitioners such as physiotherapy, occupational therapy, dietetics and speech and language therapy. There was also good evidence of input by these resources on the care plans reviewed. Arrangements were in place to ensure that residents were provided with regular access to the services of a dentist and optician. At the time of the inspection, there were no residents at the centre experiencing significant weight loss or receiving end-of life care. The inspector discussed

the healthcare circumstances of several residents with various staff members and all were consistent in their understanding of the directions around care, as reflected in the care plans.

Staff with responsibility for preparing and serving meals and drinks had received appropriate training to ensure that they were competent to observe the particular requirements of individual care plans. Members of care staff spoken with understood their responsibility to ensure that food was the correct consistency and that fluids were appropriately thickened. Staff were aware of individual resident needs in relation to the risk of choking and the inspector noted that nominated staff had responsibility for individual supervision at mealtimes as necessary. Regular attendance by a general practitioner (GP) was recorded in all care plans reviewed. Skin integrity was monitored and appropriate wound management procedures were in place, with access to review and advice by a tissue viability nurse, as necessary. A member of senior nursing staff was qualified in psychiatric care and the centre also had access to community mental health services. Consultancy services in psychiatry and gerontology were available on referral. Supplementary files were in place that contained correspondence relating to hospital transfer arrangements and general medical notes. Residents were regularly assessed in relation to issues of mobility, and related plans of care provided the necessary information on any specialist equipment required, and the number of staff needed for assistance.

Overall, the inspector found that care plans were personalised and provided relevant guidance to staff on how they could best meet the needs of the resident when providing care.

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:

Actions identified on the previous inspection had been addressed and all rooms were now equipped with lockable storage.

The centre was a two-storey building, set slightly back from the main road, on the

outskirts of Abbeydorney, Kerry. There was access from the main road to a large car park at the side of the premises. Resident accommodation was laid out on the ground floor only. The centre provided accommodation for up to 27 residents comprising 3 single rooms, one of which was en-suite, and 12 twin rooms, all provided with wash-hand basins. All rooms were appropriately furnished, with adequate storage and equipment as necessary. All twin rooms had privacy screens in place. All rooms had a radio or television and were fitted with call-bell facilities. Bathroom and toilet facilities were accessible and appropriately located throughout the centre; these facilities were well equipped and maintained. There was a large garden area at the back of the building with seating and shade for residents to sit out. There was also a patio area with a table and seating where residents could participate in activities and receive visitors in fine weather.

The residential area of the centre was laid out on the ground floor; accommodation and communal areas were located around a central corridor and lobby. The entrance to the centre was through a bright conservatory area, with seating, where residents could receive visitors and look out over the countryside. This area opened at one end out onto a small patio space with seating. An entrance from the conservatory led into an open plan communal area that was semi-partitioned between a general sitting room with a fire-place, and an area with tables that were laid for dining at mealtimes. Sliding doors from this space opened into an oratory with seating and an altar for services. On one side the oratory led back out to the lobby, a corridor from there led to the second communal area, with seating, where residents usually partook in activities. The centre was very clean and well maintained. Communal areas were decorated in a homely manner and there were tables where residents could sit together in small groups for card games if they wished. Residents' rooms were comfortable and personalised to varying degrees with individual belongings and memorabilia. Individual accommodation provided adequate space for the use of assistive equipment, as necessary. 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 equipped and suitable in design to meet its purpose, with sufficient space and facilities to manage all laundering processes. The centre had an adequate stock of equipment, such as wheelchairs and hoists, to meet the needs of the residents and appropriate storage was available as required.

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:

There were relevant policies around training, recruitment and vetting; related procedures were robust and verified the qualifications, training and security backgrounds of all staff. Documentation was well maintained in relation to staffing records. These records were regularly audited against required content on Garda clearance, references, contracts and appraisals, for example. A recent audit was fully compliant and the documentation on the sample of files reviewed by the inspector was also in keeping with the requirements of Schedule 2 of the regulations. At the time of inspection there were no volunteers engaged at the centre. Management understood the regulatory requirements around vetting and documentation for volunteers.

A planned and actual staff rota was in place and both the staffing levels, and mix of skills, were appropriate to meet the needs of the resident profile, having consideration for the size and layout of the centre. The delivery of care was directed through the person in charge. Appropriate deputising arrangements were in place. There was effective supervision with a qualified nurse on duty at all times. A senior healthcare assistant was nominated on each day to ensure effective coordination of care and communication with nursing staff. Systems of oversight included a regime of audits that monitored key areas on a weekly basis, such as transfers to hospital, pressures sores, use of antibiotics and incidents or accidents. Nursing staff undertook peer competency assessments and a record of these was available. The last, on 7 April 2017, was positive on all criteria assessed. An annual appraisal system was also in place for all staff. Communication was supported by regular staff meetings, and by handovers at the beginning of each shift, between nurses and healthcare assistants. The inspector attended a handover meeting and noted that information communicated was person-centred and that the changes in needs identified ensured that care around comfort, personal integrity and choice were observed.

The inspector reviewed the training matrix with management and confirmed that training was regularly delivered in mandatory areas such as safeguarding, manual handling and centre-specific fire procedures and prevention. Education and training provided to staff was in keeping with contemporary evidence-based practice, areas covered included falls management, understanding dementia and the management of dysphagia (swallowing difficulties). The inspector spoke with members of staff, and observed them in their delivery of care, and noted that there was a collective understanding that put the resident at the centre of care. Staff demonstrated this understanding when providing care to residents, communicating positively both in conversation and gesture.

Judgment:
Compliant

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Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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