

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Ashlawn House Nursing Home
<b>Centre ID:</b>	OSV-0000407
<b>Centre address:</b>	Carrigatoher, Nenagh, Tipperary.
<b>Telephone number:</b>	067 314 33
<b>Email address:</b>	info@ashlawnnursinghome.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Ashlawn Nursing Home Limited
<b>Provider Nominee:</b>	Peter Curtin
<b>Lead inspector:</b>	Mary Costelloe
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	38
<b>Number of vacancies on the date of inspection:</b>	3

## 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:
01 February 2017 09:30	01 February 2017 17:00
02 February 2017 09:30	02 February 2017 15:00

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 06: Absence of the 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 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

This report sets out the findings of an inspection, which took place following an application to the Health Information and Quality Authority, to renew registration. This inspection was announced and took place over two days. As part of the inspection the inspector met with residents, relatives and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

Overall, the inspector found that the provider and person in charge continued to demonstrate a high level of commitment to meeting the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations and the National Quality Standards for Residential Care Settings for Older People in Ireland.

The location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. The building was a single-story, purpose-built residential centre with 41 places which included a 12 bedroom dementia specific unit.

Extensive building works to a new 12 bedroom extension were in progress. The new extension is to include additional communal day space, dining room, family room and enclosed garden area.

There was evidence of good practice in all areas. The person in charge and staff demonstrated a comprehensive knowledge of residents' needs, their likes, dislikes and preferences. Staff and residents knew each other well, referring to each other by first names. Residents were observed to be relaxed and comfortable when conversing with staff.

On the days of inspection, the inspector was satisfied that the residents were cared for in a safe environment and that their nursing and healthcare needs were being met. Nursing documentation was completed to a high standard. The inspector observed sufficient staffing and skill-mix on duty during the inspection and staff rotas confirmed these staffing levels to be the norm.

The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day and an ethos of respect and dignity for both residents and staff was evident.

The collective feedback from residents and relatives was one of satisfaction with the service and care provided.

There were no actions following this 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 Quality 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 recently updated statement of purpose dated January 2017. It complied with the requirements of the regulations. The statement of purpose accurately reflected the services and facilities; along with the aims, objectives and ethos of the centre.

**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 provider had established a clear management structure. The person in charge worked full time in the centre. The person in charge was supported in her role by the assistant director of nursing and manager. Both the person in charge and the manager were directors of the company and the manager was the nominated person to represent

the provider. The management team worked full time in the centre. The assistant director of nursing deputised in the absence of the person in charge. There was an on call out-of-hours system in place. The management team met each other, residents and staff on a daily basis. Residents and staff spoken with told the inspector that they felt well supported and could report or discuss any issue with any member of the management team.

Systems were in place to review the safety and quality of care. Regular audits and reviews were carried out in relation to incidents, falls, medication management, restraint, complaints, health and safety, care planning, environmental and infection control. Staff confirmed that results of audits were discussed with them to ensure learning and improvement to practice. A report on the quality and safety of care of residents in the nursing home had been documented for 2016 which included an improvement plan for 2017.

There was evidence of consultation with residents and their representatives. Regular residents' meetings were held and facilitated by the activities coordinator. Minutes of meetings were recorded. The inspector reviewed the minutes of recent meetings and noted that issues such as the announced HIQA inspection, the new building extension, catering issues and activities were discussed. A representative from the national advocacy service (SAGE) had visited and gave information to residents on the service they provided. Resident quality satisfaction surveys were completed during 2016, the results of which indicated high satisfaction with the service provided. The pharmacist was due to attend the next residents meeting in February 2017. A notice regarding the upcoming meeting and the pharmacists planned visit were displayed on the notice board along with easy read information on 'What is a residents council for'. There was evidence that both residents and their relatives were involved in the development and review of their care plans.

**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:**  
The centre had a resident's guide which was available to residents and visitors and it was displayed in prominent locations throughout the centre. The guide contained all information as required by the regulations.

Contracts of care were in place for all residents. The inspector reviewed a sample of contracts of care. They included details of the services to be provided, fees to be charged and details of additional charges were clearly set out.

**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 was a nurse and worked full-time in the centre. She had the required experience in the area of nursing the older adult. She was on call out-of-hours and at weekends. The person in charge was knowledgeable regarding the regulations, HIQA's Standards and her statutory responsibilities. She demonstrated very good clinical knowledge. She was very knowledgeable regarding the individual needs of each resident.

The person in charge had engaged in continuous professional development. She had previously undertaken a qualification in gerontology and management. She had completed 'train the trainer' in elder abuse and recently completed training on medication management updates, vena puncture, dementia care, infection control, continence and nutrition.

The inspector observed that she was well known to staff, residents and relatives. Throughout the inspection process the person in charge demonstrated a commitment to delivering good quality care to residents and to improving the service delivered. All documentation requested by the inspector was readily available.

**Judgment:**  
Compliant

***Outcome 05: Documentation to be kept at a designated centre***

***The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against***

***accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that records as required by the regulations were maintained in the centre.

All records as requested during the inspection were made readily available to the inspector. Records were maintained in a neat and orderly manner and kept in a secure place.

All policies as required by Schedule 5 of the regulations were available. Systems were in place to review and update policies. Staff spoken with were familiar with the policies which guided practice in the centre.

The inspector reviewed a sample of staff files which contained all of the information as required by the regulations

**Judgment:**

Compliant

***Outcome 06: Absence of the Person in charge  
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The person in charge and management team were aware of the requirement to notify the Chief Inspector of the proposed absence of the person in charge

**Judgment:**

Compliant



***Outcome 07: Safeguarding and Safety***

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

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

The person in charge had taken measures to safeguard residents from being harmed and from suffering abuse.

There were comprehensive policies on protection and safeguarding of vulnerable adults and responding to allegations of abuse. Staff spoken with described clearly what they would do if they suspected abuse and were knowledgeable regarding their responsibilities. Staff spoken with and training records viewed confirmed that staff had received ongoing education on elder abuse. The person in charge had completed 'trainer the trainer' in elder abuse and had delivered training in house on an on-going basis. She told the inspector that she planned to complete the new safeguarding training course in 2017 and safeguarding training was scheduled for staff during February and April 2017. Residents spoken to and those that completed questionnaires in advance of the inspection indicated that they felt safe in the centre. At the time of the inspection, no allegations had been made, but the person in charge was clear on what her role would be.

The person in charge told the inspector that the finances of residents were not managed in the centre, however, small amounts of money and some valuables were kept for safe keeping on behalf of a number of residents. The inspector saw that these accounts were managed in a clear and transparent manner. Separate account books were kept for each resident detailing all transactions. Two signatures were recorded for each transaction and receipts were kept for any purchases made on behalf of residents. A sample balance check carried out by the inspector was found to be correct. All residents had access to a secure lockable locker in their bedrooms should they wish to securely store any personal items.

The inspector reviewed the policies on responding to behaviours that challenge and use of restraint. The policy on managing responsive behaviours outlined guidance and directions to staff as to how they should respond and strategies for dealing with behaviours that challenge. The inspector reviewed a sample of files of residents who presented with responsive behaviour and noted detailed, person-centered care plans outlining clear guidance for staff.

The policy on restraint was based on the national policy 'Towards a restraint free

environment' and included clear directions on the use of restrictive procedures including risk assessment and ensuring that the least restrictive intervention was used for the shortest period possible. Staff continued to promote a restraint free environment, there were five bed rails in use at the time of inspection, some at the residents own request. The inspector saw that alternatives such as low low beds, crash mats and bed alarms were in use for some residents. Risk assessments along with clear rationale for their use and care plans in line with national policy were documented in all cases. Staff carried out regular checks on residents using bedrails and these checks were recorded. Many staff spoken with and training records reviewed indicated that staff had attended training on dementia care, dealing with behaviours that challenged and management of restraint.

The inspector observed that residents appeared relaxed, calm and content during the inspection. Staff spoke of the importance of maintaining a calm, noise free environment and allowing residents choice of daily routines particular in the dementia specific unit. The inspector observed this taking place in practice. Nursing staff spoken with were clear they needed to consider the reasons people's behaviour changed, and would also consider and review for issues such as infections, constipation, and changes in vital signs.

There was evidence of regular review by the General Practitioner (GP) as well as regular reviews of medications. There was evidence of access and referral to psychiatry services and ABC charts were used to record episodes of behaviours in line with the centre's policy.

For some residents 'as required' medication had been prescribed, and could be administered if residents remained anxious. A register of the use of 'as required' psychotropic medications was maintained and reviewed regularly by the person in charge. Regular medication management audits including the use of psychotropic medications were also carried out by the pharmacist.

**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 inspector was satisfied that the provider and person in charge had prioritised the safety of residents.

There was a health and safety statement available. The inspector reviewed the risk register and found it to be comprehensive and had been reviewed and updated following the last inspection to include the risks identified with the building of the new extension. All risks specifically mentioned in the regulations were included. Systems were in place for regular review of risks.

The inspector reviewed the emergency plan which included clear guidance for staff in the event of a wide range of emergencies including the arrangements for alternative accommodation should it be necessary to evacuate the building.

Training records reviewed indicated that all staff members had received up-to-date training in moving and handling. Staff spoken to confirmed that they had received this training. The inspector observed good practice in relation to moving and handling of residents during the inspection. The service records of all manual handling equipment such as hoists, wheelchairs and specialised chairs were up-to-date.

The inspector reviewed the fire policies and procedures. Records indicated that all fire fighting equipment had been serviced in June 2015 and the fire alarm was serviced on a quarterly basis. The fire alarm was last serviced in December 2016. Daily and weekly fire safety checks were carried out and these checks were recorded. Fire safety training took place regularly and included evacuation procedures and use of fire equipment. All staff spoken with told the inspector that they had received recent fire safety training. Training records reviewed indicated that all staff had received up-to-date formal fire safety training. Records of fire drills which took place regularly including outcomes were documented.

Handrails were provided to all circulation areas and grab rails were provided in all toilets and bathrooms. Call-bell facilities were provided in all rooms. Safe floor covering was provided throughout the building.

The inspector noted that infection control practices were robust. There were comprehensive policies in place which guided practice. Hand sanitizer dispensing units were located at the front entrance and throughout the building. Staff were observed to be vigilant in their use of hand sanitizers. The assistant director of nursing (aDoN) who was a clinical nurse specialist in infection control had carried out on going infection control training with all staff in house. Regular infection control audits in areas such as hand hygiene, laundry, waste management and environment were carried out by the aDoN. Audit findings and action plans were clearly documented and the inspector noted that issues identified during recent audits had been addressed.

The inspector spoke with housekeeping staff who were knowledgeable regarding infection prevention and control procedures including colour coding and use of appropriate chemicals. The building was found to be clean and odour free.

**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 found evidence of good medicines management practices and sufficient policies and procedures to support and guide practice.

The inspector spoke with nursing staff on duty regarding medicines management issues. They demonstrated competence and knowledge when outlining procedures and practices on medicines management.

Medicines requiring strict controls were appropriately stored and managed. Secure refrigerated storage was provided for medicines that required specific temperature control. The temperature of the refrigerator was monitored and recorded on a daily basis.

The inspector reviewed a sample of medicines prescribing and administration sheets. Medicines were regularly reviewed by the general practitioners (GP). All medicines including medicines that were required to be crushed were individually prescribed.

Systems were in place to record medicines errors which included the details, outcome and follow-up action taken. Staff were familiar with these systems. Nursing staff stated that there had been no recent medicines errors.

Systems were in place for checking medicines on receipt from the pharmacy and the return of unused and out-of-date medicines to the pharmacy. Nursing staff confirmed that they had good support from the pharmacist who was available for advice and also provided education to staff.

Regular medicines management audits were carried out by nursing management and the pharmacist. Audit findings and action plans were documented, the inspector noted that issues identified in relation to staff training at a recent audit had been addressed. All nursing staff had recently completed medicines management training.

**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
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.</p> <p>Details of all incidents as well as near misses were well recorded including the outcome and lessons learnt. The person in charge carried out a monthly review and analysis of falls to ensure learning and improvements to practice in the centre.</p>
<p><b>Judgment:</b> Compliant</p>

***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

<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> The inspector found that residents' healthcare needs were met and they had access to appropriate medical and allied healthcare services. Each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.</p> <p>All residents had access to a choice of general practitioner (GP) services. There was an out-of-hours GP service available. The inspector reviewed a sample of files and found that GPs reviewed residents on a regular basis.</p> <p>A full range of other services was available including speech and language therapy (SALT), physiotherapy, occupational therapy (OT), dietetic services and psychiatry of later life. Chiropody and optical services were also provided. The inspector reviewed residents' records and found that residents had been referred to these services and results of appointments and recommendations were written up in the residents' notes.</p>
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The inspector reviewed a number of residents' files including the files of residents with restraint measures in place, at high risk of falls, nutritionally at risk and presenting with responsive behaviour and communication issues. See Outcome: 7 Safeguarding and Safety regarding restraint and responsive behaviour.

Comprehensive up-to-date nursing assessments were in place for all residents. A range of up-to-date risk assessments were completed for residents including risk of developing pressure ulcers, falls risk, nutritional assessment, dependency, moving and handling, oral cavity, agitation and risk.

The inspector noted that care plans were in place for all identified issues. A comprehensive and informative daily life care plan was in place for all residents which outlined clear guidance for staff in areas such as washing and dressing, elimination, eating and drinking, mobilisation and safe environment, communication, controlling temperature, social, mental and emotional state, expressing sexuality, maintaining respect and dignity, sleeping and end of life care. Care plans guided care and were regularly reviewed. Care plans were person centered and individualised. There was evidence of relative/resident involvement in the review of care plans. There was also large print signage in the entrance areas informing residents/relatives what a care plan was and that they were available for review and could be discussed at any time. There was evidence to show that care plans were reviewed regularly on a three monthly basis and more frequently if required. Nursing staff and health care assistants spoken with were familiar with and knowledgeable regarding residents up to date needs. Care staff were also included in the review and updating of residents care plans, they told the inspector that systems were in place to ensure that any changes or information relating to residents needs was used to update care plans.

The person in charge and nursing staff advised the inspector that there were no residents with wounds at the time of inspection. Staff had access to support from the tissue viability nurse if required.

The inspector was satisfied that residents weight changes were closely monitored. All residents were nutritionally assessed using a validated assessment tool. All residents were weighed regularly. Nursing staff told the inspector that if there was a change in a resident's weight, nursing staff would reassess the resident, inform the GP and referrals would be made to the dietician and speech and language therapy (SALT). Files reviewed by the inspectors confirmed this to be the case. Care plans in place were found to be person centered and very comprehensive. Nutritional supplements were administered as prescribed. Staff were aware of residents who required specialised diets or modified diets and were knowledgeable regarding the recommendations of the dietician and SALT.

The inspector reviewed the files of residents who had recently fallen and noted that the falls risk assessments and care plans had been updated post falls. The physiotherapist visited the centre on a weekly basis and reviewed all residents post falls. The person in charge reviewed falls on a regular basis, there was evidence of learning and improvement to practice. Low-low beds, crash mats, chair/bed sensor alarms and hip protectors were in use for some residents. The inspector noted that the communal areas were supervised by staff at all times.

The social care needs of each resident were assessed and records were maintained of each resident's participation in activities. Detailed life histories had been documented for most residents and staff were observed to use this information when conversing with residents. A monthly residents newsletter was published and a residents life story was included each month. The February newsletter was displayed on the notice board.

There was a full time activities coordinator employed in the centre. The activities coordinator carried out group and individual activities with residents both in the dementia specific unit and the main nursing home area. Some residents in the dementia specific unit were supported to attend activities in the main nursing home. The inspector observed residents enjoying a variety of activities during the inspection including a live music session, sing a long, Mass and individual one to one activities. Many of the residents actively partook while others joined in for shorter periods. Other activities that took place regularly included Sonas (therapeutic programme specifically for residents with Alzheimer disease), word searches, afternoon tea, cookery, sewing and knitting, card games, exercise to music and gardening. Dog therapy was provided each Saturday. Some residents attended a local day care centre. The inspector observed staff encouraging residents to move around, having conversations, and engaging with different activities. The activities coordinator had recently attended training in 'life story boards' and 'activities on a shoe string'. She had commenced the development of life story boards for residents in the dementia specific unit using photographs, textiles and colour.

**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 inspector was satisfied that the location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. The premises met with the requirements of the regulations and HIQA's Standards. Extensive building works to a new 12 bed extension were in progress at the time of inspection. The new extension also included a day room,

dining room, family room and enclosed garden area.

The building was single-story, purpose-built residential centre with 41 places. Bedroom accommodation consisted of 27 single bedrooms, 12 of which were located in the dementia specific unit and 7 twin rooms. All bedrooms had en suite toilet and shower facilities. There were three additional assisted bathrooms and toilets for residents, and two separate toilets for visitors and two staff toilets.

The premises were well maintained, clean and nicely decorated. There was a variety of communal day spaces in both the dementia specific and main nursing home units including bright dayrooms, dining rooms, kitchenette, an activities room, conservatory, relaxation room, smoking room and large oratory. All communal areas were bright, comfortably furnished and had a variety of furnishings which were domestic in nature.

Residents in the dementia specific unit had access to a large well maintained and landscaped enclosed garden area. The garden was accessible from the main day room and also from the bedroom corridor. The garden had paths for walking and seating areas. The doors leading to the garden area were easily opened and residents could access the garden if they wished. The person in charge told the inspector of their plans to have another large enclosed garden area available to residents on completion of the current building works.

Bedroom accommodation met residents' needs for comfort and privacy. There was adequate numbers of assisted toilets, bath and shower rooms. Assisted toilets were located beside the day rooms. There was a nurse call-bell system in place.

Residents were encouraged to personalise their rooms and many had photographs and other personal belongings in their bedrooms. Resident's artwork was displayed throughout the centre and in residents bedrooms.

Adequate assistive equipment was provided to meet residents' needs such as hoists, specialised beds and mattresses. The inspector viewed the service and maintenance records for the equipment and found these were up-to-date.

**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):**  
No actions were required from the previous inspection.



**Findings:**

The inspector found evidence of good complaints management.

There was a comprehensive complaints policy in place which clearly outlined the duties and responsibilities of staff. The complaints procedure was clearly displayed in large print in a prominent position.

The inspector reviewed the complaints log which was recorded on the computerised documentation system. There were no open complaints at the time of inspection. The details of complaints were recorded along with actions taken. All complaints to date had been investigated and responded to.

Residents spoken with told the inspector that they could speak with and raise any issue with members of the management team and felt they would be listened to. Throughout the inspection, inspectors observed good communication between residents and staff. The inspector noted that any issues raised by residents at the residents meetings had been acted upon.

**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 in centre. A detailed inspection was carried out as part of a thematic inspection in June 2015 and the inspector was satisfied that residents' end-of-life needs were well managed with a high standard of nursing care being provided at this stage of life.

There was an end-of-life policy in place. Staff confirmed that support and advice continued to be available from the home care team and local hospice care team.

Residents needs and wishes were discussed with residents and their representatives. End of life wishes including any specific wishes were included in residents care plans.

Staff had received training regarding end-of-life care and further training was scheduled.

**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:**

Residents were offered a varied nutritious diet. The quality and presentation of the meals were of a high standard and a number of the residents told inspectors that the food was always very good. Some residents required special diets or modified consistency diets and these needs were met.

Residents stated that food, drinks and snacks were available to them at all times. A variety of hot and cold drinks and snacks were available throughout the day. Staff were observed offering and encouraging drinks throughout the days of inspection. The inspector saw a variety of home-cooked food being served throughout the days of inspection including scones, brown bread and soups.

The menus were displayed and offered a choice at every meal. There was a large colourful pictorial menu board which clearly displayed what food choices/dishes were available for each meal in the dementia specific unit. Mealtimes were unhurried social occasions in domestic style settings. Staff were observed to engage positively with residents during meal times, offering choice and appropriate encouragement while other staff sat with residents who required assistance with their meal.

Some residents choose to have their meals in their bedrooms and this was always facilitated.

**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***

**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 the centre was run and managed in consultation with residents and in a manner that maximised their independence. This is discussed further under Outcome 2: Governance and management.

Staff were observed to treat residents in a dignified manner and in a way that maximised their choice and independence. The inspector observed that residents were always referred to by their first name and politely asked if they needed anything, given choices around what they would like to do, where they would like to sit, what they would like to eat and drink, and reassured and reoriented when they were confused. The inspector noted that the privacy and dignity of residents was well respected. Bedroom and bathroom doors were closed when personal care was being delivered. Staff were observed to knock and wait before entering bedrooms. Residents spoken to confirmed that their privacy was respected.

Staff paid particular attention to residents' appearance and personal hygiene and were observed to be caring towards the residents.

A number of the questionnaires completed by residents and family members by way of feedback to HIQA confirmed that the centre made every effort to maintain residents' independence.

Residents' religious and political rights were facilitated. Mass was celebrated weekly in the centre. Mass from the local parish church was relayed by radio each morning and the rosary was recited daily. Arrangements were in place for residents of different religious beliefs. Staff told the inspector that residents were facilitated to vote and explained that residents had been facilitated to vote in-house during recent elections. Staff and residents confirmed that there are no set times or routines in terms of when a resident must get up in the morning or go to bed at night. Residents had a choice of having their meals in the dining room, in the conservatory or in their bedroom.

There was an open visiting policy in place. Relatives indicated in completed questionnaires that they were always made to feel welcome by staff. Residents had access to the centre's cordless phones and many residents had their own mobile handset device. Staff were aware of the different communication needs of residents and care plans set out the ways in which those who had a communication impairment required intervention.

The centre was part of the local community and residents had access to radio, television and the internet. Daily and regional newspapers were provided. Some residents told the

inspector how they enjoyed reading the daily newspapers. Talking newspapers were made available for those residents with impaired vision.

Staff outlined to the inspector how links were maintained with the local community. Some residents went home for visits while others attended special family occasions. Local musicians and school students visited regularly. Some residents attended mass in the local church and others attended local day care centres. Residents were supported to go on day trips during the summer months.

**Judgment:**  
Compliant

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

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

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

**Findings:**  
There was a laundry room with ample space for washing and drying and sorting of residents' clothing. The inspector noted that good care was taken of residents' personal laundry. Residents and relatives were satisfied with the laundry arrangements and stated that mislaid clothing was not a regular issue.

Adequate personal storage space including a wardrobe and chest of drawers was provided in residents' bedrooms.

**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 found there was an appropriate number and skill mix of staff on duty to meet the assessed needs of the residents. Staff were supervised to their role and appraisals were also conducted. On the days of inspection there were 38 residents including six residents assessed as low dependency, 12 as medium dependency, 11 as high dependency and nine as maximum dependency. There were two care staff on duty in the dementia specific unit throughout the day and evening time up to 22.00 hours and three care staff on duty in the main nursing home during the day and evening time up to 18.00 hours. An additional care assistant was allocated to one resident on a one to one basis. There were normally two nurses on duty for the entire nursing home during the day time. At night time, there was one nurse and three care assistants on duty up until 22.00 hours and one nurse and two care assistants on duty from 22.00 hours to 8.00 hours. The person in charge and assistant director of nursing were normally on duty during the week days. The clinical nurse manager or a senior nurse supervised the delivery of care at weekends. The person in charge advised the inspector that she will continue to review staffing levels taking into consideration the assessed needs and dependency of residents.

An actual and planned roster was maintained in the centre with any changes clearly indicated. The inspector reviewed staff rosters which showed there was a nurse on duty at all times, with a regular pattern of rostered care staff. The staffing complement included the manager, activity coordinator, catering, housekeeping, administration and maintenance staff. The person in charge ensured that the same care staff were generally assigned to the dementia specific unit to ensure continuity of care to the residents. Many of the care staff spoken with had worked in the unit for several years. The centre did not use agency staff as it had sufficient numbers of staff to provide cover.

There were robust recruitment procedures in place. A sample of staff files reviewed were found to contain all the required documentation as required by the Regulations including evidence of Garda Síochána vetting. Nursing registration numbers were available for all staff nurses. Details of induction and orientation received, training certificates and appraisals were noted on staff files. There were no volunteers attending the centre. The person in charge confirmed that Garda Síochána vetting was in place for all staff and persons who provided services to residents in the centre.

The management team were committed to providing on-going training to staff. All staff had completed up to date mandatory training. Staff had also recently completed training in infection control, nutrition, cardiac pulmonary resuscitation, continence and dementia care. Nursing staff had recently completed training in medicines management, vena puncture, wound care, early warning scores, vac dressings and intravenous medicines. There was a training plan in place for 2017 which included, end of life care, nutritional assessment and nutrition, wound care and exercise and mobility in the elderly.

**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:***

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