**Centre name:** Newbrook Nursing Home  
**Centre ID:** OSV-0000074  
**Centre address:** Ballymahon Road, Mullingar, Westmeath.  
**Telephone number:** 044 934 2211  
**Email address:** phil@newbrooknursing.ie  
**Type of centre:** A Nursing Home as per Health (Nursing Homes) Act 1990  
**Registered provider:** Newbrook Nursing Home Unlimited Company  
**Provider Nominee:** Philip Darcy  
**Lead inspector:** Catherine Rose Connolly Gargan  
**Support inspector(s):** None  
**Type of inspection:** Announced  
**Number of residents on the date of inspection:** 57  
**Number of vacancies on the date of inspection:** 7
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).
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

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

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<td>Outcome 04: Suitable Person in Charge</td>
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Summary of findings from this inspection

This inspection report sets out the findings of an announced inspection to monitor compliance with the regulations. The inspection also considered notifications and other relevant information and followed up on progress with completion of the action plan from the last inspection in October 2016. All actions in the action plan from the last inspection were satisfactorily completed. The details of unsolicited information received by the Health Information and Quality Authority (HIQA) in June and July 2017 regarding insufficient staffing, care of residents and complaints management was assessed on this inspection. The inspector's findings confirmed that the issues raised had already been satisfactorily addressed by the provider representative and person in charge and none of the issues raised in the information received were found on this inspection.

The inspector met with residents, residents' relatives and staff members during the inspection and reviewed information provided in pre-inspection questionnaires.
completed by seven residents and thirteen relatives. Documentation examined by the inspector included residents' care plans, medical records, staff files and training records, risk and fire safety management procedures among others. Care practices and interactions with residents were observed and found to be satisfactory. Feedback from residents and relatives received by the inspector during the inspection and in pre-inspection questionnaires was generally positive and was communicated by the inspector to the provider representative and person in charge. A comprehensive complaints management process was in place and residents and their relatives were made aware of the complaints procedure.

Residents' accommodation in the centre was provided on ground floor level. The design and layout of the centre met its stated purpose and provided a comfortable and therapeutic environment for residents. The inspector's observations and feedback from residents and their relatives confirmed that the provider, person in charge and the staff team were committed to providing a safe service and a good quality of life for residents living in the centre.

There were arrangements in place to ensure residents were protected and safeguarded from abuse. All staff had completed training, and were knowledgeable about the steps they must take if they witness, suspect or are informed of any abuse taking place. Residents confirmed that they felt safe and the inspector observed that staff were respectful towards residents and ensured their rights to choice, privacy and dignity were met. Residents were safeguarded by staff completing risk assessments and reviewing their needs in relation to any plans of care that were in place to support them to live independent lives. Residents healthcare needs were met to a good standard. Assessment and person-centered care planning procedures clearly informed the care they required to ensure their needs were met.

The action plan at the end of this report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centre’s for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland 2016.
Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

**Outcome 02: Governance and Management**

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

**Theme:**
Governance, Leadership and Management

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

**Findings:**
A clearly defined organizational structure was in place and was outlined in the centre's statement of purpose. There were comprehensive systems and structures in place to ensure the centre was effectively governed and managed and the service provided to residents was safe. Lines of authority and accountability were defined and each member of the staff team were aware of their roles, responsibilities and reporting procedures. Management meetings were held on a monthly basis and were attended by the provider representative, person in charge, practice development coordinator and members of the clinical management team. The minutes from these meetings referenced comprehensive review of key service parameters, risk management, quality of service and resource requirements. The person in charge ensured effective team communication was in place with regular staff meetings.

Residents and their families were consulted with and their feedback was valued and welcomed. There was evidence of consultation with residents and they were enabled to influence how service provision was planned and organized. Meaningful actions were taken in response to residents' feedback on their individual care, routines and their environment and how they wanted it to be.

The quality and safety of the service was closely monitored by the provider and person in charge. This process was assisted by computerized data management systems. A scheduling system was in place to inform frequency of auditing of key clinical and environmental parameters. The information collated in audits was analyzed and areas requiring improvement were informed and managed to completion through an action plan process. Findings from reviews and audits were trended and informed proactive quality improvement strategies and assurances that all aspects of the quality and safety of the service were optimized. The inspector observed examples of care and resources provided that exceeded required standards to ensure residents care needs were met and
that they were safe and comfortable in the centre. For example, a physiotherapist was employed by the provider and attended to residents on a twice weekly basis.

An annual report detailing review of the quality and safety of care and quality of life for residents was completed for 2016. This report was compiled in consultation with residents.

**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 centre was managed by a suitably qualified and experienced nurse in care of older people. The person in charge demonstrated that she had authority and was accountable and responsible for the provision of the service to residents. The person in charge was engaged in the governance, operational management and administration of the centre on a full-time basis over five days each week. The person in charge was also the person in charge of Newbrook Lodge Nursing Home located on the same campus as Newbrook Nursing Home. The person in charge was supported in her role by an assistant director of nursing, clinical nurse managers, nursing, care assistants, administration, maintenance, kitchen and housekeeping staff who report directly to her. She is also supported by the Newbrook group's practice development coordinator, training officer, finance and human resource management departments.

The person in charge is a registered nurse with An Bord Altranais agus Cnáimhseachais Na hÉireann. She has completed a number of postgraduate courses including gerontology and palliative care among other courses and training to maintain her professional development. She demonstrated that she had knowledge of the Regulations and Standards pertaining to the care and welfare of residents in the centre. She has the required experience in caring for dependant people and management of a residential care facility. The person in charge had sufficient clinical systems in place to ensure a high standard of care. She reported directly to the provider representative and also met with the senior clinical management and staff team on a regular basis. Information required was easily accessed and well organized.

The person in charge had a detailed knowledge of each resident's life history, condition and care needs. Staff spoken with by the inspector confirmed that there was good inter-
team communications. Pre-inspection questionnaires completed by residents and their relatives confirmed that the person in charge consulted with them, was approachable and welcomed their feedback. Residents spoken with knew the person in charge and spoke positively about her concern that their needs were met and that they were satisfied with the service provided.

**Judgment:**
Compliant

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

**Findings:**
Residents' records were maintained securely and electronic records were password protected. All records were well organized and easily retrieved. The provider representative and staff were aware of their responsibilities regarding record maintenance.

All information as required by Schedule 1 of the Regulations was documented in the centre's statement of purpose document.

Staff files reviewed contained all information as required by Schedule 2 of the Regulations.

All records to be maintained in respect of each resident and otherwise as described by Schedules 3 and 4 of the Regulations were in place. The directory of residents as required by Schedule 3 of the Regulations was maintained in an accessible format. All items of required information were recorded for each resident in the centre.

All of the written operational policies including a policy to inform admission of residents as required by Schedule 5 of the Regulations were available and up to date. These policies were accessible to staff to inform their practice.

**Judgment:**
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:
There were measures in place to safeguard residents and protect residents from abuse. There was a policy and procedures in place and accessible to staff to inform prevention, detection and response to abuse. The systems in place were demonstrated in practice in March 2017 to ensure that allegations of abuse were fully investigated, and that residents were safeguarded during any investigations that may occur. Staff spoken with on the day of the inspection could describe how they would identify and respond to an incident of abuse, and confirmed that there were no barriers to them disclosing any concerns they may have. Staff were aware of their responsibility to report any incidents, allegations or suspicions of abuse. Residents spoken with confirmed to the inspector on the day of inspection and stated in pre-inspection questionnaires that staff were courteous and kind to them and that they felt safe in the centre.

There was a policy and procedures in place for the management of responsive behaviour. Person-centred care plans were developed for residents that experienced episodes of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). These care plans clearly informed prevention and the effective de-escalation strategies for each resident predisposed to responsive behaviours. Although a small number of residents were predisposed to responsive behaviours, the inspector observed no incidents on the day of inspection indicating effective supportive care was in place for these residents. Two residents were administered psychotropic medications on a PRN (a medicine only taken as the need arises) basis when other de-escalation strategies failed. A review procedure was in place to ensure administration was appropriate and to monitor usage.

A policy informing the use of restraint was available and was demonstrated in practice. While 18 residents had full-length bedrails in place, the inspector's findings confirmed that staff were committed to and working towards achieving a restraint-free environment. Alternatives to full-length bedrails were tried to ensure use was appropriate. The person in charge advised the inspector that she was awaiting delivery of additional alternative shorter length bedrails to enable some residents' mobility which
in bed. Assessment of bedrail use was completed to determine on-going need and to ensure safety of use in each case. A small number of residents at risk of leaving the centre unaccompanied wore sensor bracelets to alert staff if they exited the centre. Safe enclosed gardens were available to all residents to ensure they could independently exit the centre safely as they wished.

There were procedures in place for managing residents' money put in safekeeping. A sample of balances checked by the inspector was accurate and residents could access their money as they wished. Residents had a lockable space in their bedrooms to secure their personal valuables if they wished. The provider was an agent for collection of three residents’ pensions. The procedures in place reflected best practice and ensured residents were safeguarded.

Judgment:
Compliant

**Outcome 08: Health and Safety and Risk Management**
The health and safety of residents, visitors and staff is promoted and protected.

**Theme:**
Safe care and support

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

**Findings:**
The health and safety of residents, staff and visitors was promoted and protected by comprehensive and proactive management of risk in the centre. A safety statement was in place which was reviewed annually and was updated for 2017. A risk management policy was available and included the required information and controls to manage the risks specified by regulation 26 (1). Missing person profiles and drills were completed together with risk assessment of residents as some of the controls to mitigate the risk of vulnerable residents leaving the centre unaccompanied. A computerized risk management programme was in place to support processes of risk assessment, review, effective resolution and implementation of controls to prevent recurrence. Internal and external hazards were identified and were addressed with appropriate controls to mitigate occurrence. Controls implemented to mitigate risks were considered to ensure they were sensitive to residents’ needs, rights and quality of life. Reviews of accidents, incidents and near misses considered any learning which was subsequently implemented.

The inspector examined the fire safety arrangements and associated documentation in the centre and found that there were robust fire safety management procedures in place. There was frequent and detailed local fire safety checking procedures completed in addition to external provider servicing of fire safety equipment. Personal evacuation risk assessments were completed for all residents that took account of the staffing and
equipment resources necessary to ensure their safe evacuation in the event of an emergency incident. Any issues that might hinder timely evacuation of individual residents were also identified such as cognitive impairment. A copy of each resident’s evacuation plan was kept in their bedroom and with the documentation referencing fire safety management for ease of reference in the event of an emergency and to assist the emergency services if necessary. The inspector reviewed the records of fire evacuation drills completed and found they referenced day and night-time simulated procedures to facilitate participation by all staff and to ensure staffing levels were adequate to safely evacuate residents in an emergency. The details recorded provided assurances that timely evacuation of residents in the event of an emergency could be achieved.

There was a process in place to record incidents and accidents to residents and others. A root-cause analysis process was conducted on incidents and accidents resulting in an injury to residents that required their further care in hospital. Learning from this process was implemented and measures to prevent recurrence were put in place. Each resident who experienced a fall were reviewed by the centre’s physiotherapist for specialist assessment and care strategies to ensure their independence was optimized. The physiotherapist assessed residents for assistive equipment to meet their individual needs and was outlined in their moving and handling risk assessment information.

Policy information was available to guide staff on the management and prevention of communicable infection in the centre. Environmental cleaning procedures reflected best practice in infection prevention and control standards and the centre was visibly clean. Hand hygiene facilities and personal protective equipment (PPE) was located at various points throughout the premises.

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 medicines management policy was in place to inform safe medicines management practices in the centre. The inspector observed that residents' medicines were stored appropriately, including medicines controlled under Misuse of Drugs legislation and medicines requiring refrigeration. Checks were consistently completed of balances of controlled medicines twice every 24 hours and refrigerator temperatures were recorded on a daily basis. Residents' prescribed medicines were reviewed by their general practitioner (GP), the pharmacist supplying their medicines and nursing staff in the
centre. Audits were completed at regular intervals to monitor medicine management procedures in the centre.

The inspector observed medicine administration to a number of residents on this inspection. The staff nurses administering medicines wore a red apron to alert others that they should not be disturbed during the procedure. The inspector observed that medicines were administered to residents in line with professional guidelines. Residents' medicines were administered on an individual resident basis. Each resident had a locked medicine cabinet in their bedrooms. The maximum amount permissible over a 24hr period for medicines prescribed for PRN (a medicine only taken as the need arises) use was indicated. All medicines administered by nurses in a crushed format were individually prescribed. Residents experiencing pain and requiring medicines to manage pain levels were appropriately assessed and monitored. Clinical parameters were stated to advise staff on appropriate PRN medicine administration such as subcutaneous fluids and insulin.

Procedures were in place to record the date of opening of residents' topical creams, ointments and oral liquid medicines to ensure they were not used beyond the timescales recommended by the manufacturer. Procedures were also in place to ensure medicines that were out-of-date or no longer used by residents in the centre were removed and returned to the pharmacy for safe disposal.

The pharmacist dispensing residents' medications was facilitated to fulfil their obligations to residents. Residents had access to the pharmacist who was available to meet with them as they wished. The pharmacist completed three-monthly audits of medicines in the centre. The pharmacist also provided reference material, training and updates for staff in medicines management.

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

Findings:
The centre catered for residents with a range of needs. The inspector's findings
confirmed that residents’ healthcare needs were met to a good standard. Actions from the last inspection requiring improvements in behaviour support care plans for a small number of residents and in documentation of consultations regarding care plans with residents or their relatives as appropriate were completed to a satisfactory standard.

Residents received timely access to health care services. Residents were supported to attend out-patient appointments and were referred for further care in the acute hospital services as necessary. As a number of general practitioners (GPs) attended the centre, residents had a choice of GP or if from the locality could retain the GP they attended before moving into the centre. Residents’ documentation reviewed by the inspector confirmed they had access to GP care including out-of-hours access. Residents had access to allied healthcare professionals. A physiotherapist was employed on the centre’s staff and attended the centre two days each week. Occupational therapy, dietetic, speech and language therapy, dental, ophthalmology and chiropody services were available to residents as necessary. Community psychiatry of later life specialist services attended residents in the centre to support their GP and staff with on-going care and symptom management. Residents were screened for nutritional risk on admission and regularly thereafter. The chef met each resident on admission to discuss their likes and dislikes. Residents’ weights were checked routinely on a monthly basis and more frequently where residents experienced unintentional weight loss. Nutritional assessment and care plans were in place that outlined the recommendations of the dietician and speech and language therapists where appropriate. Residents’ positive health and wellbeing was promoted with regular exercise as part of their activation programme, physiotherapy, annual influenza vaccination, monthly vital sign monitoring, annual blood profiling and regular medication reviews. Residents in the centre had access to palliative care services for support with management of their pain and for symptom management during their end-of-life care as necessary.

Systems were in place to ensure residents’ health and nursing needs were met to a good standard. Residents’ documentation was managed on a computerised system which was password protected. Residents’ care plans were person-centred and informed their needs. Assessments of residents’ needs were carried out within 48 hours of their admission. Staff used validated tools to assess each resident’s risk of malnutrition, falls, their level of cognitive function and skin integrity among others. This information informed a holistic care plan with additional care plans. Care plans were updated routinely or to reflect residents’ changing care needs as necessary. Staff spoken with by the inspector were knowledgeable regarding residents’ likes, dislikes and care needs. Residents and their families were involved in care plan development and in reviews thereafter.

There were care procedures in place to prevent residents developing pressure related skin injuries. Each resident had their risk of developing pressure wounds assessed on admission and regularly thereafter. Pressure relieving mattresses, cushions and repositioning schedules were in use to mitigate risk of ulcers developing. HIQA were notified of a small number of incidents where residents in the centre developed pressure ulcers since 01 January 2017. The inspector’s findings indicated that there was a proactive approach taken to pressure wound prevention and on the day of inspection all pressure wounds that occurred in the centre were healed. Tissue viability specialist services were available to support staff with management of residents' wounds that
were deteriorating or slow to heal. The tissue viability nurse specialist was supporting staff with management of a small number of residents with chronic wounds. A policy document informed wound management and procedures in place reflected evidence based practice. Wounds were routinely photographed to monitor progress with healing and a treatment plan informed dressing procedures.

There was a low incidence of falls in the centre resulting in an injury to residents. HIQA was last notified of an incident of a resident falling and sustaining a bone fracture in March 2016. Procedures were implemented to mitigate risk of further falls. The centre's physiotherapist assessed each resident on admission to determine their risk of falling which is repeated if a fall incident occurs. Residents at risk of falling had controls in place to prevent injury such as hip protection, low-level bed, foam floor mats and sensor alarm equipment. All residents were appropriately supervised by staff as observed by the inspector on the day of inspection.

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:
There was a policy and procedure in place to inform the management of complaints in the centre. A comprehensive complaints process was demonstrated and feedback of all aspects of the service was welcomed. Residents and their relatives spoken with by the inspector during the inspection and the information provided in pre-inspection questionnaires completed by residents and their relatives expressed their satisfaction with the complaints procedure in the centre. The complaints procedure was displayed and was summarized in the residents' guide document. While each resident was provided with a copy of the centre's residents' guide, large font copies of the residents' guide and the statement of purpose was available in the reception area to enhance resident accessibility.

The person in charge was the centre's designated complaints officer and another person was nominated to ensure that complaints were appropriately recorded and responded to. Verbal and written complaints were recorded and the records reviewed by the inspector confirmed that the outcomes of investigations were discussed with complainants and their satisfaction with the outcome was assessed. Where complainants were not satisfied an appeals process was in place. The records indicated that all
complaints were closed out within the timeframe outlined in the centre's policy.

All complaints were discussed at monthly meetings with the provider representative. Learning identified from investigation of complaints was implemented in practice.

**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):**
This was the centre's first inspection by the Authority.

**Findings:**
Systems were in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration. A policy was in place to guide practice and clinical assessment in relation to monitoring and managing residents at nutritional risk. Residents had good access to a dietician and speech and language therapy services. These services were available to residents on referral based on assessment of need or a change in a resident's condition. The chef met with residents to ascertain their food likes and dislikes on admission and was reviewed regularly thereafter. Residents were also facilitated to provide feedback on menu options and choices provided to ensure the food provided to them met with their satisfaction. The inspector observed that residents' feedback was reflected in the menu options provided for them. Feedback on the food provided was positive from residents spoken with by the inspector and in pre-inspection questionnaires completed by residents and their relatives. Residents were provided with food and drink at times and in quantities to meet their needs and wishes. Food was properly served and presented in an appetising way.

Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were closely monitored and checked routinely on a monthly basis or more frequently when clinically indicated. Nutritional care plans were in place that detailed residents' individual food preferences, and outlined the recommendations made by the dietician and speech and language therapist where appropriate. Procedures for monitoring residents' fluid and dietary intake were in place and informed residents' intake accuracy. The menu was displayed and a written menu was placed on each table. Staff also told residents what menu options were available at mealtimes. These combined actions ensured the information needs of all residents were met to enable them to make an informed choice regarding the food they ate.
Residents had a choice of hot meal for their lunch and tea each day and alternatives to the menu were available. Snacks and refreshments were provided throughout the day and were available at night if residents wanted them. Some residents with unintentional weight loss or weight gain were also prescribed specialist diets by the dietician. Staff preparing, serving and assisting with meals and drinks were familiar with residents’ dietary requirements, needs and preferences. The inspector observed that residents with specialist dietary and fluid consistency requirements received the diets and thickened fluids recommended to meet their needs. Residents’ meals were served in two dining rooms adjacent to the main kitchen. The dining rooms were spacious and residents using assistive chairs were facilitated to dine comfortably at specially adapted tables. There were sufficient numbers of staff available in the dining room to support residents needing assistance at mealtimes. Staff sat with residents and provided them with encouragement and discreet assistance with their meals as necessary.

**Judgment:**
Compliant

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**Outcome 16: Residents’ Rights, Dignity and Consultation**

*Residents are consulted with and participate in the organisation of the centre. Each resident’s privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.*

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

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

**Findings:**
Residents were consulted with and supported to participate in the organisation of the centre. Regular resident forum meetings were convened and were minuted. The minutes referenced active discussion about life and plans in the centre. Residents suggestions and any areas they raised for improvement were actioned. Staff were observed to support and encourage residents to make independent and informed choices about how they spent their day, where they took their meals and what clothes they wore. Residents had access to Independent advocacy services in addition to a volunteer advocate who regularly visited the centre.

Residents were facilitated to exercise their civil, political and religious rights. A spacious church was also accessible to residents in the centre. Staff sought residents’ permission before undertaking any care tasks. Residents expressed their satisfaction with the opportunities provided to them and their quality of life in the centre. This was also confirmed by residents' relatives spoken with by the inspector during the inspection. Staff worked to ensure that residents received care in a dignified way that respected
their privacy. Staff were observed knocking on bedroom and toilet doors before entering. They closed bedroom doors and bed screens when delivering personal care. Privacy locks were available on all bedroom and toilet doors. All residents were addressed by their preferred name by staff.

Three activity coordinators were employed in the centre and were responsible for assessing residents' activation needs and organizing suitable activities to meet their interests and capabilities. Facilitating residents' activities was an integral part of the care assistants' role in the centre. A variety of organized activities were provided in the various communal rooms seven days each week. A small number of residents unable to participate in larger group activities were provided with suitable activities facilitated by staff on a one to one or small group basis in a separate communal room. The activity coordinators and care staff facilitating activities on the day of inspection were enthusiastic about their work and knew residents well. Activities provided were meaningful and interesting. Records were maintained of the activities each resident participated in and their level of engagement to ensure their interests were met. There were sufficient staff supervising residents and facilitating activities in each of the communal rooms to ensure each resident was supported as necessary to participate. The communal sitting rooms were named and intentionally decorated to include familiar memorabilia and furnishings. Tables were provided that were specially designed to enable residents in assistive chairs to access a table surface and staff with easy access to provide assistance with specific activities. The activity schedule was displayed at numerous points throughout the centre and the format had been improved since the last inspection to improve accessibility for residents.

There were no restrictions on visitors and there were a number of areas throughout the centre where residents could meet visitors in private. Visitors were observed visiting throughout the day. Residents had access to national and local newspapers, televisions, radios and telephones. Some residents had their own mobile telephone and a portable telephone was available to facilitate other residents to receive phone calls.

**Judgment:**
Compliant

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**Outcome 18: Suitable Staffing**

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

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

Findings:
Staffing numbers and skill mix were appropriate to the needs of residents. Staffing resources were increased as necessary to meet increased supervision and dependency needs of residents. Since the last inspection in October 2016, the staffing allocation was reviewed and revised to ensure higher staffing resources were provided for some residents on an individual or small group basis. This action was observed to have positive outcomes for less able residents requiring high staff support with eating, drinking and activation.

A comprehensive mandatory and professional development training programme was organized for all staff. The training records indicated that all staff had completed mandatory training in safeguarding residents, safe moving and handling procedures and fire safety. Staff development training needs were informed by the needs of residents and annual performance appraisals. An actual and planned rota was maintained in the centre, with all changes clearly indicated. The staffing rota reflected staff working in the centre on the day of inspection. The duty rota ensured that a senior member of nursing staff was working in the centre over seven days each week.

There was a policy in place for the recruitment, selection and vetting of staff. A robust induction programme was in place for newly recruited staff and the person in charge had arrangements in place to ensure all staff were appropriately supervised. The provider representative confirmed that all staff working in the centre had completed An Garda Siochana vetting. All volunteers were appropriately vetted and their roles and responsibilities were documented for their reference. A sample of staff files were reviewed by the inspector and were found to contain all information as required by Schedule 2 of the Regulations.

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:

Catherine Rose Connolly Gargan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority