## Health Information and Quality Authority

**Regulation Directorate**

**Compliance Monitoring Inspection report**

**Designated Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>St Pappin's Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000178</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Ballymun Road, Ballymun, Dublin 9.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>01 842 3474</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:stpappins@silverstream.ie">stpappins@silverstream.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
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<tr>
<td>Registered provider:</td>
<td>St Pappins Partnership</td>
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<tr>
<td>Lead inspector:</td>
<td>Ann Wallace</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Gearoid Harrahill</td>
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<tr>
<td>Type of inspection:</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>48</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>6</td>
</tr>
</tbody>
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About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

• Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
• Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

• to monitor compliance with regulations and standards
• to carry out thematic inspections in respect of specific outcomes
• following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
• arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 10 January 2018 09:00  
To: 10 January 2018 18:30

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 01: Statement of Purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Compliant</td>
</tr>
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</table>

**Summary of findings from this inspection**

This report sets out the findings of an announced inspection carried out as part of the centre’s application to renew its registration. As part of the inspection, the inspectors met with residents, families and members of staff. The inspectors reviewed the questionnaires that had been completed by residents and their families prior to the inspection. They also observed practices and reviewed documentation such as care plans, incident records, complaints and policies and procedures.

As part of the inspection process, the inspectors considered notifications and other information received by the Authority in relation to health and social care needs and the management of complaints and found that the centre was progressing the issues through its own complaints and quality management processes.

The current registration for the designated centre includes a condition under which the provider is required to complete a planned extension and refurbishment of the centre with a view to increasing the number of single en-suite bedrooms and reducing the occupancy of the multi-occupancy rooms by January 2019.
The actions required from the previous inspection related to configuration of one of the multi-occupancy rooms in the designated centre and to the maintenance of care records. During the inspection the inspectors found that the actions relating to the multi-occupancy rooms had been addressed but that further improvements were required in relation to care records. Overall the inspectors found evidence of good practice across all outcomes with nine out of 12 outcomes found to be in compliance with the regulations, one outcome substantially compliant and two outcomes deemed to be moderately non-compliant.

There were 47 residents residing at the designated centre on the day of the inspection. One resident was in hospital and there were six vacancies.

The centre had clearly defined lines of authority and effective governance systems in place to ensure that the care and services provided for residents were safe and appropriate. There were adequate staffing levels and skill mix to meet the assessed needs of residents.

The inspectors found that the designated centre provided a good standard of care and services to the residents. Staff were observed to be responsive to individual residents' needs and displayed genuine empathy and respect in their dealings with residents and their families. Staff knew individual residents well and were familiar with their needs and their preferences for care and services. As a result, the care was found to be person centred.

Residents had access to a General Practitioner (GP) and specialist health and social care services. There was an in-house physiotherapist service available to residents. Specialist older persons and mental health services were also made available for residents who needed to access them.

Residents were seen to be afforded choice in how they spent their day moving around the centre spending time in different areas including the lounges and the enclosed garden.

The designated centre is situated in a converted church building which has been extended and adapted to provide the current accommodation. The centre is close to local amenities and shops and is accessible via public transport routes. There is a car park at the front of the premises.

The building has retained a number of the architectural features of the original church including the stained glass windows, entrance doorway and external stone structure. The centre is laid out over three floors with resident accommodation on the ground and the first floor. Staff rooms, laundry and storage areas are situated on the second floor. The ground floor provides 16 single en-suite bedrooms, two four bedded rooms and one three bedded room. The first floor provided 13 single en-suite bedrooms, two four bedded rooms and two three bedded rooms.

The single en-suite bedrooms were comfortable and homely and had adequate storage space for residents property and clothes. Multi-occupancy rooms were of a
good size and had been reconfigured in line with the actions required from the previous two inspections. Communal bathrooms were accessible for residents with mobility needs but were not on the same corridor as the bedrooms and required the resident to pass the nurses station and a seating area. Inspectors also found that the locks on two bathroom doors were not working on the day of the inspection.

Inspectors found that privacy curtains had been renewed since the last inspection and that in most of the rooms the curtains provided adequate privacy for residents around their bed space. However in one of the four bedded rooms the curtains around one bed did not ensure the resident's privacy in their bed space and in another room the curtain rail required adjustment to ensure that it closed adequately. These issues were addressed by the person in charge (PIC) and maintenance team during the inspection.

The centre had a range of equipment and adaptations to support residents.

Communal areas were carefully arranged to provide adequate social spaces where residents could participate in the activities and entertainments provided by the centre. A quiet seating area was available on each floor and these were well used by residents chatting together, observing the comings and goings of the centre or meeting with their visitors. There was a dining room on the ground floor and a spacious dining area was available in the mezzanine on the first floor.

The centre had created a pleasant enclosed garden to the side of the building which was accessible for residents. One resident told the inspectors that they went out into the garden three or more times each day for exercise and fresh air.
Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

**Outcome 01: Statement of Purpose**

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

**Theme:**
Governance, Leadership and Management

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

**Findings:**
There was a written statement of purpose that accurately described the service that is provided in the centre. The statement of purpose was updated regularly and reflected the ethos of care and the reflected the range of needs of the residents in 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:**
There were effective management arrangements in the centre and systems in place to monitor the quality and safety of the service. The care and services in the centre were found to be in line with the statement of purpose.

The person in charge (PIC) was a qualified nurse with over three years experience of managing older persons services in a residential setting. The PIC was known to residents and families. Residents who spoke with the inspectors said that the PIC was readily available if they had any concerns or issues.
The PIC was supported by the assistant director of nursing (ADON) and two clinical nurse managers (CNM). Rosters showed that there was a member of the senior nursing team on duty in the centre each day. Staff who spoke with the inspectors were clear about who to raise any issues with and reported that the PIC and senior nurses were approachable.

The PIC had regular contact and support from the provider and members of the parent company's senior management team. The PIC met weekly with the group clinical governance and operations manager and provided weekly management reports to the senior management team. This helped to ensure that the provider and members of the senior management team were kept informed about the performance of the centre and any issues or concerns.

Inspectors found that there were systems in place to monitor the safety and quality of care and services and the experience of residents and their families. The quality assurance programme included regular audits in key areas such as incidents, falls, complaints, care plans, restraints, medication management and nutrition. Records showed clear evidence of improvements being made in response to audits in medication management and the use of restraints.

Regular resident and relative meetings, a resident survey, effective management of complaints and the annual review helped to ensured that the residents experience and any issues and concerns relating to their lives in the centre were communicated to managers in the centre and could be dealt with appropriately. Residents and families who spoke with the inspectors told them that any issues or concerns that they had raised had been addressed by the PIC and that they were satisfied with the outcome.

The centre was also carrying out three monthly audits which provided information about the quality of staff interactions with individual residents. Feedback from these audits had been used to provide supervision and training for staff and there was evidence of improvements in this area across the more recent audit findings. This was verified by the quality of the staff resident interactions that were observed by the inspectors during the inspection.

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:**
All policy and procedure documents required under Schedule 5 of the regulations were maintained in the centre and were under regular review. Policies such as the complaints process were summarised and on display for the information of residents and relatives.

Each resident had an agreed contract in place, which clearly identified the regular fee payable to the service and what services and facilities were covered by that fee. Additional charges such as hairdressing and newspapers were outlined in the contract. The occupancy of each resident's bedroom was specified within the terms of residency.

Equipment service and maintenance records were available for the call bell system, alarm system, electrical appliances, fire-fighting apparatus and resident equipment such as hoists and wheelchairs.

The inspectors reviewed a sample of staff files and found that files contained all of the documents required under Schedule 2 of the regulations.

A visitor's log was maintained which recorded each person coming in and out of the premises.

**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:**
There were procedures in place to safeguard and protect residents from abuse. Inspectors found clear evidence that the designated centre was working towards a restraint free environment.

There were comprehensive safeguarding policies and procedures which described the measures that were in place in the centre to prevent, detect and respond to any
concerns regarding abuse. All staff working in the centre had received training in on elder abuse and staff who spoke with the inspectors were clear about their role and responsibilities in reporting any concerns or allegations of abuse. Any incidents, allegations, suspicion of abuse had been recorded, investigated and managed by the person in charge (PIC) in line with the centre's policy. Residents and families who spoke with the inspectors told them that staff were kind and respectful and that they felt safe in the centre.

Inspectors found that the use of bed rails and other restraints was monitored by the centre and recorded in the restraint log. Inspectors reviewed a sample of care plans and found that where restraints were used there was a record of the risk assessment for the restraint including a record of alternatives such as low-low beds, crash mats and wander alarms. Care records included details of the decision making process and the involvement of residents and or the next of kin.

Where psychotropic medications were prescribed the records documented the administration of the medication and the rationale for use. Records also showed what alternative interactions had been used by staff prior to the administration of medications.

A restraint audit was completed each month which was monitored against national best practice guidance and the centre's own policy. There was evidence that the centre was working with families and residents to raise awareness about alternatives to restraint in order to support a restraint free environment within the centre.

There was a policy in place for managing responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff were knowledgeable about individual residents and what might trigger their responsive behaviours. During the inspection staff were observed using gentle encouragement and distraction to reassure and support residents who displayed responsive behaviours.

Inspectors reviewed a sample of care plans and found that where a resident had known responsive behaviours a written care plan was in place which documented the potential triggers for behaviours and the appropriate interactions and response to be taken to support the resident at these times.

Inspectors found that systems were in place to afford protection to residents' finances. Where the service provider acted as a pension agent for residents pensions were received into a client account separate from the centre's business account. The balance for each resident could be individually identified and tracked. Residents had ready access to their money when required. The designated centre had clear systems in place to keep small amounts of money in safe keeping for residents. Two persons signed for each entry and deduction. Inspectors reviewed the records for these monies and found that the balances were correct.

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:**
There were comprehensive health and safety and risk management policies and procedures in place. These included an up to date health and safety statement and a risk register. Policies and procedures were in place for an unforeseen emergency, fire safety and evacuation.

The inspectors reviewed a sample of resident records and found that risk assessments and care plans were in place for abscondion risk, smoking and moving and handling. Risk assessments were found to promote residents independence and preferences where possible. Each residents had personal emergency evacuation plan (PEEP) which provided information relating to their safe evacuation in the event of an emergency.

All staff has completed fire safety training and were familiar with the evacuation procedures and their own duties in the event of an emergency. Fire drills were held on a regular basis and reports were generated from this which allowed staff to identify where improvement was required. Signage, maps and the assembly point for evacuation were clearly identified. Routine in-house checks including escape routes and the fire alarm were documented. Records showed that fire safety equipment was tested and serviced regularly. Corridors were compartmentalised and fire doors were equipped with mechanisms to close when the fire alarm sounded.

Certification of servicing for resident equipment such as wheelchairs, hoists, and pressure-relieving mattresses was documented. A maintenance book was maintained for issues reported by staff. The maintenance staff also had a regular routine of flushing seldom used outlets, and sending water samples for analysis, to detect and reduce the risk associated with bacteria such as Legionella.

The centre kept an accident and incident log. All incidents were recorded and reported as part of the PIC weekly management report to the senior management team. records showed clear evidence of learning from incidents for example a recent review of falls information had led to new staff deployment schedule to ensure that a member of staff was allocated on each shift to provide supervision in the communal lunges on each floor. The PIC reported that the number of un-witnessed falls had been reduced as a result of the planned supervision.

Overall the centre was clean and staff were observed following appropriate infection control techniques. Cleaner's stores and sluice rooms on each floor were secured. There were adequate hand washing facilities and hand gel dispensers on each floor.

**Judgment:**
**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:**
There were appropriate management systems in place to ensure safe medication practices.

There was a comprehensive medication policy in place which gave clear guidance to nursing staff on the procedures to follow for ordering, monitoring, documenting, administering and the disposing of un-used and out-of-date medications. The policy included the procedure to follow in the event of medication errors. Monthly medication administration audits were completed and a comprehensive pharmacy audit of all areas relating to medications was completed every three months.

Nursing staff completed an annual medication training update as part of their mandatory training. The person in charge (PIC) completed an annual medication administration competency assessment with each member of the nursing team.

A sample of medication records was reviewed. The inspectors found that the records included the name of the drug and the time of the administration and that the nurse signed the medication record after each administration. The drugs were administered within the prescribed timeframes. If a resident refused medication this was recorded correctly. Drugs being crushed were signed by the general practitioner (GP) as suitable for crushing and liquid alternatives had been sourced where possible. Nutritional supplements were prescribed by the resident's GP in line with recommendations from the resident's dietician. Residents' medication was reviewed regularly by their GP.

Staff administering medication were seen to follow appropriate medication management practices in line with relevant professional best practice guidance.

Medications were stored securely. Controlled drugs were stored in a locked cupboard within a locked cupboard in the clinical room. Nurses kept a register of controlled drugs. They were checked by two nurses at the change of each shift. The inspectors checked a selection of controlled drug medication balances and found them to be correct. Medications that needed to be stored in the fridge were stored as directed. Opened medication was labelled with date of opening. The inspectors found that the temperature of the drugs fridge had been recorded daily in line with best practice guidance and the centre's own medication policy.
There was an effective system in place to manage the return of out-of-date and un-used medications with records providing a clear audit trail.

**Judgment:**
Compliant

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**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):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
Each resident had an assessment of their needs, care plans that described how their needs were to be met and their needs were reviewed on a regular basis. One action required from the previous inspection in relation to maintaining fluid balance and nutrition charts for residents required further improvement.

Inspectors reviewed a selection of resident’s records and spoke with staff who developed and used them. Prior to admission an assessment was carried out to ensure that the resident's needs could be met in the centre. When residents were admitted a more detailed assessment was completed by nursing staff and a care plan was developed. Risk assessments were completed in key areas such as falls risk, nutritional risks, pressure sore risk, responsive behaviours and moving and handling risks. Clear risk management plans were in place which supported resident autonomy and promoted self care abilities and independence. Care plans and risk assessments were agreed with the resident and or their family.

Overall inspectors found that care plans provided clear information for the staff providing care and support to residents. However the care plan for one resident who had returned to the centre following a short hospital admission had not been updated to reflect the resident's current mobility needs.

Following the actions required from previous inspections the centre had introduced a daily chart to record specific aspects of care given such as the repositioning of residents and their intake of fluids and diet. These were completed by care staff and checked by the nurse in charge at the end of each shift. The inspectors found that the record for one resident was not up to date for that day and that another resident's record had been misfiled. This was addressed by the clinical nurse manager at the time of the inspection.
Inspectors found that residents had access to relevant medical and allied health and social care professionals. General Practitioners [GP] visited the centre regularly and residents could keep their own GP if they wished to do so. Out of hours GP services were available for residents. Specialist medical services were available from the community older people’s team and from the psychiatry of old age team when required. A range of allied health care services attended the centre when required. These included; dietician, speech and language therapy and specialist nursing services such as palliative care and tissue viability. The designated centre had access to the in house physiotherapist who visited each week to assess and review residents. Inspectors found that where allied health care professionals had made recommendations, for example with special diets and mobility aids, these had been implemented appropriately.

Records showed that nursing staff reviewed and updated resident’s records as their needs changed. This was done at least four monthly or more frequently if a residents condition changed. Residents and their families were involved in the reviews if they chose to attend.

Inspectors found that residents were supported to attend relevant medical and other health care appointments. Arrangements were made with families or staff in the centre to ensure that residents were able to attend appointments.

Inspectors found that where residents were temporarily absent from the centre relevant information was sent with them in relation to their medication and assessments of their needs. On the residents return to the centre from hospital there was a clear summary of their needs and any changes to medication.

Judgment:
Substantially 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:**
There were no actions from the previous inspection however the current registration for the designated centre includes a condition under which the provider is required to complete a planned extension and refurbishment of the centre with a view to increasing the number of single en-suite bedrooms and reducing the occupancy of the multi-
The designated centre is situated in a converted church building which has been extended and adapted to provide the current accommodation. The building has retained a number of the architectural features of the original church including the stained glass windows, entrance doorway and external stone structure. The centre is close to local amenities and shops and is accessible via public transport routes. There is a car park at the front of the premises and a secured gate.

The designated centre is laid out over three floors with resident accommodation on the ground and the first floor. Staff rooms, laundry and storage areas are situated on the second floor. The ground floor provides 16 single en-suite bedrooms, two four bedded rooms and one three bedded room. The first floor provides 13 single en-suite bedrooms, two four bedded rooms and two three bedded rooms. Call bell points were available in all bedrooms.

The current registration for the designated centre includes a condition under which the provider is required to complete a planned extension and refurbishment of the centre with a view to increasing the number of single en-suite bedrooms and reducing the occupancy of the multi-occupancy by January 2019.

Residents and families were encouraged to bring in small items of furniture and artefacts from home in order to personalise their private space. As a result many of the single rooms were very individual which helped to create a homely welcoming atmosphere. En-suite bathrooms and toilets were accessible for residents with mobility needs.

Multi-occupancy rooms were of a good size and had been reconfigured in line with the actions required from the previous two inspections. Each resident had their own wardrobe, bedside locker with lockable space and a bedside chair. Comfortable armchairs were available in each of the multi-occupancy rooms for residents who needed or wanted to spend time in the room.

Communal bathrooms and shower facilities were accessible for residents with mobility needs but were not situated on the same corridor as the multi-occupancy bedrooms and required the resident to pass the nurses station and a communal seating area. Inspectors also found that the privacy locks on two bathroom doors were not working on the day of the inspection.

Inspectors found that privacy curtains in the multi-occupancy rooms had been renewed since the last inspection and that in most of the rooms the curtains provide adequate privacy for residents around their bed space. However in one of the four bedded rooms the curtains around one bed did not ensure the resident’s privacy in their bed space and in another room the curtain rail required adjustment to ensure that it closed adequately. While these issues were addressed by the person in charge (PIC) and maintenance team during the inspection, there was no system in place to address this issue. Actions relating to this finding are addressed under outcome 16.

The centre had a range of equipment and adaptations to support residents. These
include specialist beds and mattresses and moving and handling equipment.

Corridors had hand rails and were well lit. Floor coverings were clean, well maintained and were clutter free. A centrally located elevator was available to so that residents could mobilise between floors.

Communal areas were arranged to provide adequate social spaces so that residents could participate in the activities and entertainment provided by the centre. A quiet seating area is available on each floor and these were well used by residents chatting together, observing the comings and goings of the centre or meeting with their visitors. There was a dining room on the ground floor and a spacious dining area was available in the mezzanine on the first floor.

The centre has created a pleasant enclosed garden to the side of the building which is accessible for residents and was nicely featured with decorations, planting pots and a safe path to navigate. One resident told the inspectors that they went out into the garden three or more times each day for exercise and fresh air. Despite the cold weather on the day of inspection, warmly dressed residents were observed using the garden either independently or with supervision of staff when required.

Judgment:
Non Compliant - Moderate

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 clear complaints policy which outlined the processes that were in place in the designated centre to make a complaint and how the centre would record the complaint and respond. The procedure identified the person in charge (PIC) as the person to manage complaints in the centre. The procedure also outlined the arrangements in place for independent review of complaints where the complainant is not satisfied with the outcome. Information about the complaints policy and process was displayed in the centre and was included in the resident’s guide and in the statement of purpose.

Inspectors reviewed the complaints logs. One record was for formal written complaints, which contained all correspondence and minutes of meetings related to the formal complaint and the investigation into same. Each formal complaint had a record of the outcome and the complainant’s level of satisfaction about how the complaint was resolved. The second record detailed informal complaints which were resolved at the
time by the staff working in the centre. The entries to this log also listed actions taken and the satisfaction of the complainant with the outcome of the matter.

Staff on the floor were clear on the means by which complaints they received were recorded and who was responsible for recording the issues and raising them with the complaints manager where necessary. Residents and relatives who spoke with the inspectors were familiar with the PIC to whom they could direct complaints, and were confident that complaints they raised would be promptly addressed.

**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:**
The inspectors found that there was a person-centred approach to providing care and services in the designated centre that respected individual resident's rights and privacy and promoted their independence and autonomy. The actions relating to one of the multi-occupancy rooms on the first floor had been completed.

Privacy curtains had been renewed in the multi-occupancy rooms and in most of the rooms the curtains provided privacy for residents around their bed space. However the curtains around one bed did not close to ensure the resident's privacy in their bed space and in another room the curtain rail required adjustment to ensure that it closed adequately. These issues were addressed by the person in charge (PIC) and maintenance team during the inspection.

Residents and families who spoke with the inspectors during the inspection told them that they were consulted about how the centre was run and were given the opportunity to provide feedback about the service. This process was facilitated through regular residents’ and relatives meetings, regular contact with the members of the PIC and senior nursing staff and through feedback processes such as the suggestion box and the annual review. The inspectors found evidence of changes being made in response to residents’ feedback, for example in the menus and the activities and outings on offer in the centre.

Residents had access to independent advocacy services as needed. Information about
independent advocacy services was available on the resident notice boards and in the resident information guide.

Residents were supported to attend religious activities of their choice. A televised weekly mass was available for residents through their televisions in their bedrooms or in the communal areas. Communion and the Rosary were also available in the centre. The centre had an oratory room for residents who wished to use it for private prayer and devotions. Mass and communion was being held in the first floor mezzanine on the day of the inspection and was well attended by residents.

Residents who spoke with the inspector said that they were able to exercise choices in a variety of ways including when to get up and retire, what activities to participate in, how to spend their down time and where to spend their time in the centre during the day. Staff were familiar with individual resident’s preferences for care and routines. Where residents were not able to express their preferences the inspectors found that the residents were still consulted and offered choice and that staff worked with the resident’s family to put together a suitable routine.

The centre provided a range of activities and entertainments for residents. The inspectors noted that this service had developed and improved since the last inspection. The activity programme was managed by a dedicated activities coordinator and included group and one to one sessions. On the day of the inspection the group activities included mass in the mezzanine area with the local priest, board games and puzzles and an arts and crafts session in the afternoon. The programme was flexible and residents requests were accommodated where possible. For example trips into the city or to the local shops and café were organized for small groups of residents.

There was a variety of entertainments and activities facilitated by external providers such as dog therapy and music sessions. The activities coordinator also organized care assistants to run activities at weekends but these were dependent on the availability of care staff on duty. Residents told the inspectors that they enjoyed the activities that were on offer. However some residents reported that there was a lack of activities on offer at weekends and when the activities coordinator was off.

The designated centre had an open visiting policy with some limitations around meal times. Inspectors observed a number of families and friends visiting residents in the centre on the day of the inspection. Visitors who spoke with the inspectors told them that they were made welcome and were encouraged to be involved in the ongoing lives of the residents. This was verified in the questionnaires that were returned to the inspectors during the inspection. The centre had recently refurbished the family and visitors room on the ground floor. This was a quiet and pleasant room with views over the garden and provided a comfortable private space in which residents could spend time with their families and friends.

The designated centre had processes in place to ensure that residents who wished to could exercise their voting rights. The inspectors were assured that residents were able to exercise their civil and political right as they wished.

All residents had access to TV, radio and newspapers and magazines. The inspectors
observed staff talking with residents about local and national issues.

Residents were able to make telephone calls in private and the centre had recently sourced a broadband service which would be made accessible to residents.

Judgment:
Substantially 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:
Inspectors found that the staffing level and skill mix in the centre was appropriate to meet the needs of the residents. Inspectors observed interactions between staff and residents to be friendly, patient and respectful. Staff were familiar with residents' needs, personalities and preferences, and residents and relatives spoke positively on the quality of care delivered.

Inspectors reviewed a sample of staff personnel files and found them to contain documentation required under Schedule 2 of the regulations. All staff reviewed had evidence of vetting by An Garda Síochána, and the person in charge informed inspectors that nobody would begin working in the centre before having their Garda vetting completed. Vetting had also been completed for external parties involved with the centre such as the priest, hairdresser and external activity providers.

Records showed that nurses working in the designated in the centre were registered with the Nursing and Midwifery Board of Ireland. There was a system followed for inducting newly recruited members of staff as well as evidence of probation review meetings to assure the management of staff members' suitability for their role. Annual appraisals were conducted in the centre which afforded staff opportunities to establish objectives and training requirements to develop their ability to effectively deliver a high standard of care to residents. Records showed that under performance was actively managed in the centre.

Inspectors spoke with staff of different categories and found them to be knowledgeable in the procedures to be followed when responding to complaints, actual or suspected
incidents and abuse, and in evacuating residents in the event of an emergency. All staff were up to date in their mandatory training in fire safety, manual handling and safeguarding of vulnerable adults. All staff had received training in caring for people with dementia and responsive behaviours. A number of nursing and care staff had also received training in end of life care.

In addition to the mandatory training programme the 2018 training calendar included wound care, nutrition and dysphagia, and infection control. The supplementary training sessions helped to ensure that staff had the required knowledge and skills to provide safe and appropriate care for residents.

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:

Ann Wallace
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 11: Health and Social Care Needs

Theme:
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The care plan for one resident who had returned to the centre following a short hospital admission had not been updated to reflect the resident's current mobility needs.

1. Action Required:
Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
The care plan for one resident who had returned from hospital has now been fully updated to reflect their current mobility needs.

Proposed Timescale: 02/02/2018

Theme:
Effective care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The chart for one resident who was had high levels of needs in relation to their nutrition and fluid intake was not up to date and the daily record for another resident had been misfiled. As a result it was not clear what nutritional intake had been taken by either resident during the day

2. Action Required:
Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

Please state the actions you have taken or are planning to take:
The staff have been informed clearly how to complete and record the fluid and nutritional intake of residents on the fluid chart and food diary. The staff nurses on duty at the end of each shift will sign off that these forms have been completed correctly and filed appropriately. The PIC / ADON will review all charts on Tuesday morning prior to completing and sending the Weekly Quality Care Report to the Clinical Governance Team.

Proposed Timescale: 02/02/2018

Outcome 12: Safe and Suitable Premises

Theme:
Effective care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Communal bathrooms and shower facilities were accessible for residents with mobility needs but were not situated on the same corridor as the multi-occupancy bedrooms and required the resident to pass the nurses station and a communal seating area.

3. Action Required:
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

**Please state the actions you have taken or are planning to take:**
There is a plan to relocate and redesign the nurses stations, the communal seating areas will also be relocated elsewhere in the home. Staff will continue to ensure that all residents attending the communal showers and bathroom around the corner from their bedroom will be assisted with dignity and privacy at all times.

**Proposed Timescale:** 31/08/2018

**Theme:**
Effective care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Locks on two bathroom doors were not working on the day of the inspection.

4. **Action Required:**
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

**Please state the actions you have taken or are planning to take:**
Both locks on the bathrooms as identified during the inspection have been repaired. The home maintenance man will check each bathroom door lock on a weekly basis and repair or replace as issues are found. Staff will be reminded to use the Maintenance report book located at each nurse’s station if they find any issues with the door locks not in working order.

**Proposed Timescale:** 02/02/2018

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

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

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
In one of the multi-occupancy rooms the curtains around one bed did not ensure the resident’s privacy in their bed space and in another room the curtain rail required adjustment to ensure that it closed adequately.

5. **Action Required:**
Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.
Please state the actions you have taken or are planning to take:
Weekly checks are in place to ensure that all privacy curtains are in place and that they fully close once in use. These checks and any issues found will be reported by the PIC to the clinical Governance Team each Tuesday. All staff will be reminded during the handover of shift to ensure they use privacy curtains correctly.

Proposed Timescale: 02/02/2018