<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Cuan Chaitriona Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000334</td>
</tr>
<tr>
<td>Centre address:</td>
<td>The Lawn, Castlebar, Mayo.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>094 902 1171</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:admincuan@newbrooknursing.ie">admincuan@newbrooknursing.ie</a></td>
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<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Newbrook Nursing Home Unlimited Company</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Philip Darcy</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>PJ Wynne</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td></td>
</tr>
<tr>
<td>Type of inspection:</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>57</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
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About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From: 04 December 2017 09:20
To: 04 December 2017 19:00

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 01: Statement of Purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 03: Information for residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
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<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Substantially Compliant</td>
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<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Compliant</td>
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<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 15: Food and Nutrition</td>
<td>Compliant</td>
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<tr>
<td>Outcome 18: Suitable Staffing</td>
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Summary of findings from this inspection

This report set out the findings of an announced registration renewal inspection, which took place following an application to the Health Information and Quality Authority (HIQA), to renew registration of the designated centre.

In applying to renew registration of the centre the provider has applied to accommodate a maximum of 58 residents who need long-term care, or who have respite, convalescent or palliative care needs. This is the same level of occupancy the centre is currently registered to accommodate.

The inspector observed practices, the physical environment and reviewed governance arrangements, clinical care and operational documentation. This included policies, procedures, risk assessments, reports, residents' files and training records to inform this application.

The management team displayed good knowledge of the regulatory requirements. The person in charge is supported in her role by an assistant director of nursing, a
full-time human resource manager and training coordinator.

Staff had the required qualities, skills and experience to undertake their duties. Staff induction and retention policies are developed and in place. There was a good range of supplementary training attended by staff on caring for residents with dementia, and appropriately responding to behaviours, infection control and cardio pulmonary resuscitation techniques. Sufficient numbers of staff were deployed to meet residents’ care needs.

Prior to the inspection, questionnaires were forwarded to the centre for distribution to residents and relatives. Completed questionnaires were reviewed by the inspector and feedback was positive. Residents and relatives spoken with by the inspector were complimentary of the care provided.

The health needs of residents were met to a high standard. There was a good standard of evidence-based nursing care and appropriate medical and allied health care access. There was a good emphasis on personal care and ensuring wishes and needs were met. Staff were knowledgeable of resident’s preferred daily routine, their likes and dislikes.

The building is modern in design, well decorated and furnished. Bedroom accommodation comprised of 52 single bedrooms and three twin bedrooms. Resident had a variety of choices and meals. Relatives were positive in their comments about the meals including the quality. Residents were able to exercise choice regarding the time they got up. There were opportunities for residents to partake in activities. Activity coordinators were employed each day of the week.

A total of 11 outcomes were inspected. Eight outcomes were judged as compliant with the regulations and three as substantially in compliance with the regulations.

The action plan at the end of this report identifies these and other areas where improvements must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland.
Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

### Outcome 01: Statement of Purpose

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

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The statement of purpose detailed the aims, objectives and ethos of the centre. It outlined the facilities and services provided for residents and contained all information in relation to the matters listed in schedule 1 of the regulations.

The inspection evidenced the service provided was reflective and as described within the statement of purpose.

**Judgment:**
Compliant

### Outcome 02: Governance and Management

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

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The governance arrangements in place reflected the information available in the statement of purpose. The evidence collated during this inspection indicated that the
centre was managed effectively and was appropriately resourced, safe, appropriate and consistent to meet the needs of residents.

Systems were in place to ensure that the service provided met residents’ needs effectively. Procedures were established to monitor the quality and safety of care. There was a residents’ committee that met regularly. Regular meetings gave residents a forum to express their views and they said that changes were made as a result of their opinions. Residents had access to advocacy services to meet with residents and discuss any issues that they may arise.

The inspector reviewed audits completed by the person in charge. Environmental areas audited included, health and safety, hygiene of the premises and safety of equipment used by residents. Clinical audits of medicine usage were completed every three months to review the use of psychotropic, night sedative medicine, antibiotics prescribed and the clinical rationale for administration and the use of bedrails. Acute medical events were monitored for each resident for example, any urinary or respiratory infection. Any accident or injury sustained by way of a trip or fall was recorded in the audits. Each area was reviewed by the person in charge to identify a trend or risk for individual residents allowing the management team to take responsive action.

The provider has ensured sufficient resources to ensure the delivery of care in accordance with the statement of purpose. There was a plan for ongoing training in 2017. One of the dining rooms has been extended since the last inspection to enhance the dining facilitates. Jigsaw dining tables were provided. These have a design that allows residents in specialised chairs to access the table easily and there is space for care staff to sit alongside residents to assist those requiring help with their meals.

An annual report on the quality and safety of care was compiled. It set out the centre's performance for the previous year and plan for the following year. The procedures to communicate and provide a copy of the annual review report to residents require consideration.

**Judgment:**
Substantially Compliant

**Outcome 03: Information for residents**
A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
All residents accommodated had an agreed written contract. The contract included details of the services to be provided and the fees payable by the residents. The
inspector reviewed a sample of contracts of care. All contracts were signed by relevant parties.

Expenses not covered by the overall fee incurred by residents for example, chiropody, hairdressing and escort to appointments were clearly explained in the contract of care.

There was a residents’ guide developed containing all the information required by the regulations. This detailed the visiting arrangements, the term and conditions of occupancy, the services provided and the complaints procedure.

**Judgment:**
Compliant

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**Outcome 04: Suitable Person in Charge**

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The person in charge meets the criteria required by the regulations in terms of qualifications, experience and management practice.

The person in charge is a registered nurse and holds a full-time post. She had good knowledge of residents care needs. She could describe in an informed way where residents had specific needs and how staff ensured that their care needs were met appropriately. Relatives and residents highlighted the positive interactions and support provided by the entire team in questionnaires submitted to HIQA.

The person in charge has maintained her professional development and attended mandatory training required by the regulations.

There is dedicated time allocated to manage corporate and clinical governance and administration duties required by the post of person in charge.

**Judgment:**
Compliant

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**Outcome 07: Safeguarding and Safety**

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

**Theme:**
Safe care and support

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

**Findings:**
Restraint management procedures were in line with national policy guidelines (the use of bedrails and lap belts) in place. At the time of this inspection there were 26 residents with bedrails. Seventeen were considered enablers as these were at the residents own request and the remainder in the best interest of the residents’ safety. A risk assessment was completed prior to using bedrails. Signed consent was obtained. There was evidence of multi disciplinary involvement in the decision making process.

The rationale for the use of bed rails was outlined. The enabling function of bedrails used as an enabler was documented in care plans reviewed. Alternatives options were utilised. Crash mats were in use. Beds were placed to the lowest level and sensor mats were available to alert staff.

There were effective and up to date safeguarding policies and procedures in place. Risks to individuals were managed to ensure that people had their freedom supported and respected. There were sufficient numbers of suitably qualified staff on each work shift to promote residents’ independence. Staff had the knowledge, skills and experience they needed to carry out their roles effectively. Residents and relatives who spoke with the inspector said they felt well supported by the staff team. A safeguarding plan to ensure proactive measures with clarity was not developed for one resident to guide staff interventions.

Questionnaires completed by residents confirmed they were happy. While some expressed a wish to be able to live at home they confirmed they were content with the care provided. Residents spoken with stated “the food is great”, “something different on the menu each day”, “I am well looked after and the staff always come when I call them”. Other residents explained there were always events planned for them to enjoy in the afternoon and all staff were kind.

There is a planned program of training in place for all staff in responsive behaviours and caring for residents with dementia. There is a policy on the management of responsive behaviour. Staff spoken with were familiar with resident’s behaviours. Psychotropic medications were monitored by the prescribing clinician and usage and effectiveness audited by the person in charge regularly to ensure optimum therapeutic values. Nursing staff in conversation outlined the need. There was good access to the psychiatry of later life team. The community mental health nurse from the team visits the centre to review residents.
**Judgment:**
Substantially 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 centre maintained a risk management policy and in-house risk register. This outlined environmental and clinical risk. Risk assessments carried out were specific to the centre and to residents' safety. The hazards and controls to mitigate risk were described.

The fire policy provided guidance to reflect the size and layout of the building and the evacuation procedures. Staff had completed refresher training in fire safety evacuation procedures. Records indicated fire drill practices were completed. There was documented evaluation of learning from fire drills completed to help staff understand what worked well or identify any improvements required.

There were arrangements in place for appropriate maintenance of fire safety systems such as the fire detection and alarm system. Fire safety equipment was serviced in accordance with fire safety standards. Fire exit signage was in place. Action notices detailing the procedures to take in the event of discovering a fire or on hearing the alarm were displayed around the building.

There were procedures to undertake and record internal fire safety checks. Regular checks of the fire extinguishers were undertaken to ensure they were in place and intact and fire exits were unobstructed. The fire panel was checked routinely. Records were maintained evidencing the fire escape routes was checked.

There were procedures in place for the prevention and control of infection. Hand gels were located along the corridor. There were a sufficient number of cleaning staff rostered each day of the week. The inspectors spoke with cleaning staff who explained the cleaning procedures. There was a colour coded cleaning system to minimise the risk of cross contamination. Separate cleaning equipment was available to clean bedrooms in the event of an infection occurring.

Training records evidenced that staff had up-to-date refresher training in moving and handling. There was sufficient moving and handling equipment available to staff to meet residents' needs. Each resident's moving and handling needs were identified in plans of care and changes communicated to staff at shift handover.
The temperatures of radiators or dispensing hot water did not pose a risk of burns or scalds. Restrictors were fitted to all windows. Access to work service areas to include the kitchen and sluice room was secured in the interest of safety to residents and visitors.

Falls and incidents were well documented. In the sample of accident report forms reviewed vital signs for residents were checked and recorded. Neurological observations were recorded where a resident sustained an unwitnessed fall or a suspected head injury. A post incident review was completed by the clinical nurse manager to determine the root cause or any contributing factors. Action taken to minimise the risk of repeat injury included a review of medication, including (prn) medication (a medicine only taken as the need arises), hip protectors and low beds with a crash mat in place alongside the bed.

There were arrangements for ongoing decoration and maintenance require review to ensure the building services and facilitates are maintained in good decorative order. A number of bedrooms were identified as requiring repainting and woodwork to include door frames and skirting boards in some areas required repainting.

**Judgment:**
Substantially Compliant

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**Outcome 09: Medication Management**
*Each resident is protected by the designated centre’s policies and procedures for medication management.*

**Theme:**
Safe care and support

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

**Findings:**
The there was a policy on the management of medicines which was centre-specific and in line with legislation and guidelines. Systems for the prescribing, receipt, administration, storage and accounting for medicines were satisfactory. Medicines were being stored safely and securely in a room which was locked at all times.

Residents have a choice of pharmacist. While the majority of residents received their medicine from one pharmacy a small number of residents were facilitated to use two local pharmacies. All medicines were delivered to the centre by the pharmacists. On arrival, the prescription sheets from the pharmacist were checked to ensure all prescription orders were correct for each resident.

Photographic identification was available on the medicine chart for each resident to ensure the correct identity of the resident receiving the medicine and reduce the risk of medicine error. The prescription sheets were legible and separately identified the regular
medication, (p.r.n) medication (a medicine only taken as the need arises) and short-
term medicine.

The administration sheets viewed were signed by the nurse following administration of
medicine to the resident and recorded the name of the drug and time of administration.
The drugs were administered within the prescribed timeframes. There was space to
record when a medicine was refused on the administration sheet.

There was evidence of general practitioners (GPs) reviewing residents’ medicines on a
regular basis.

The system for storing controlled drugs was secure. Controlled drugs were stored safely
in a double locked cupboard. Stock levels were recorded at the beginning and end of
each shift in a register. The inspector examined a sample of medicines and this
corresponded to the register.

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

**Findings:**
There were 57 residents in the centre during the inspection. All residents were residing
in the centre for long term care.

There were 35 residents with maximum care needs. Twelve residents were assessed as
highly dependent and ten with medium dependency care needs. There was an advanced
age profile amongst the residents accommodated. Sixty five percent of the residents had
a diagnosis of dementia, cognitive impairment or Alzheimer’s disease as either their
primary or secondary diagnosis. Twenty six residents required the assistance of a full
body hoist to meet their moving and handling needs safely.

Each resident’s wellbeing and welfare was maintained by a good standard of nursing
care and appropriate medical and allied health care. A pre-admission assessment was
completed by the person in charge to ensure the care needs of prospective residents
can be met.

Since the last inspection the care planning system has been changed from a paper based system to a computerised format. On admission a comprehensive assessment of needs was completed. There was a documented assessment of all activities of daily living, including communication, personal hygiene, continence, eating and drinking, mobility, spirituality and sleep. Recognised assessment tools were used to evaluate residents’ progress and to assess levels of risk for deterioration, for example vulnerability to falls, dependency levels, nutritional care, the risk of developing pressure sores, continence needs and mood and behaviour. Risk assessments were regularly revised. There was good linkage between risk assessments and care plans developed. The recommendations of allied health professional were updated in care plans.

The matters specified in the action plan of the previous inspection were satisfactorily completed. Care plans for residents with dementia or cognitive impairment included details of residents’ capacity in relation to orientation and recognition. In the sample of care plans reviewed there was evidence care plans were updated at the required four monthly intervals or in a timely manner in response to a change in a resident’s health condition. There was evidence of agreement with residents or their representative in relation to their plans of care.

Nursing notes were completed on a twice daily basis and provided a detailed clinical record of each resident’s health, condition and treatment given. When an acute health problem was being managed the daily nursing notes described well the interventions, the residents’ progress and response to treatment.

Residents identified at risk of developing pressure wounds had specific equipment in place to mitigate the risk, such as repositioning regimes and pressure relieving mattresses. There was one resident with a vascular wound and one minor pressure wound problem being managed. Care plans were in place to guide staff on the frequency and type of dressing. Access to a clinical nurse specialist in wound management was available to guide care practice.

Judgment:
Compliant

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

Theme:
Person-centred care and support

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

Findings:
There was a complaints policy in place. The person in charge explained issues of
Concern are addressed immediately at local level without recourse to the formal complaints procedure, unless the complainant wishes otherwise. Within the complaints procedure access to an advocate was identified to help residents raise an issue or concerns they may have.

A designated individual was nominated with overall responsibility to investigate complaints. The timeframes to respond to a complaint, investigate and inform the complainant of the outcome of the matter raised by them was detailed.

The independent appeals process if the complainant was not satisfied with the outcome of their complaint meets the requirements of the regulations.

A complaints log was in place. This contained the facility to record all relevant information about complaints and the complainant’s satisfaction with the outcome.

**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 discreet and sensitive manner.

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

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

**Findings:**
All residents were appropriately assessed for nutritional needs on admission and were subsequently reviewed regularly. Records of weight checks were maintained on a monthly basis and more regularly for residents identified with a nutritional risk.

Access to a dietician and a speech and language therapist was available to obtain specialist advice to guide care practice and help maximise residents maintain a safe healthy nutritional status.

Residents were provided with food and drink at times and in quantities adequate for their needs. The food was properly served with sufficient staff on duty to offer assistance to residents in a discreet and sensitive manner. There were nutritious snack options available between meals to ensure sufficient or optimum calorific intake, particularly for those for those on fortified diets. A trolley served residents mid morning and afternoon offering a choice of tea/coffee fruit or biscuits.

There was an emphasis on residents' maintaining their own independence. Residents
confirmed their satisfaction with mealtimes and food provided. Relatives were positive in their comments about the meals including the quality and variety in questionnaires submitted to HIQA.

Staff members and records of staff meetings confirmed that there was good communication between catering and care staff so as to ensure that appropriate meals which met residents’ needs were served. A record of residents who were on special diets such as diabetic, fortified diets or those requiring a modified consistency or fluid thickeners was available for reference by all staff and kept under review.

**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:**
There were developed recruitment practices to ensure staff have the required skills and competencies to undertake the duties associated with their roles and responsibilities. There were job descriptions for each role outlining the assigned duties, responsibilities and line management reporting arrangements.

On commencement of employment staff completed a period of induction in a supernumery capacity. The inspector spoke with staff and they confirmed they worked alongside another staff member to become familiar with residents and the duties associated with their post. There was a developed appraisal system to support staff through the initial period of their employment.

There are systems in place to deploy and supervise staff. Adequate resources were in place to meet the needs of residents. There was an appropriate number and skill mix of staff to meet the assessed health and social care needs of residents. There are three nurses rostered throughout the morning and two in the afternoon and evening for the delivery of clinical care in addition to the person in charge. There are two nurses rostered for night duty each night of the week. There are ten care assistants rostered...
throughout the morning and nine in the afternoon and eight in the evening. During the day the care assistants are supported to meet the social care needs of residents as there are three activity coordinators employed across the seven days of the week.

Systems of communication were in place to support staff with providing safe and appropriate care. There were handover meetings between each work shift to ensure good communication and continuity of care from one shift to the next.

A calm atmosphere was noted in the communal areas throughout the day and evening as staff assisted residents to and from the dining and to retire to their bedrooms in the evening. Some residents spoke to the inspector about their life in the centre. They described the staff as kind, helpful and hardworking. Other residents who spoke with inspector said they felt well supported by the staff team.

The recruitment procedures were reviewed and were found to reflect good practice for the recruitment of staff who work with vulnerable people. The inspector reviewed the personnel records of staff and found that the required Schedule 2 information including vetting disclosures was available. The person in charge gave verbal assurance all staff had required vetting in place.

All staff employed had completed mandatory training in relation to fire safety, safe moving and handling instruction and safeguarding vulnerable adults. Staff were knowledgeable regarding their roles in meeting residents' needs. Staff also had access to a range of professional development and education. Staff had completed training on end-of- life care and infection control. Nursing staff had completed training in wound care and best practice in clinical recording and the legal aspects of report writing. All nurses employed had confirmation of their registration with the Nursing and Midwifery Board of Ireland for 2017 documented. The majority of staff had completed training in cardio pulmonary resuscitation techniques.

**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:

PJ Wynne
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

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<td>OSV-0000334</td>
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<td>Date of inspection:</td>
<td>04/12/2017</td>
</tr>
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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 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The procedures to communicate and provide a copy of the annual review report to residents requires consideration.

1. Action Required:
Under Regulation 23(f) you are required to: Make available a copy of the review referred to in regulation 23(d) to residents and, if requested, to the chief inspector.

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:
Details of the annual review of quality and safety will be included in the Residents’ Newsletter. In the interim a synopsis of the Review will be placed on the Residents’ Notice Board.

**Proposed Timescale:** 31/03/2018

### Outcome 07: Safeguarding and Safety

**Theme:**
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
A safeguarding plan to ensure proactive measures with clarity was not developed for one resident to guide staff interventions.

2. **Action Required:**
Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

Please state the actions you have taken or are planning to take:
The HSE’s Safeguarding team have been contacted to assist in updating the safeguarding plan.

**Proposed Timescale:** 31/01/2018

### Outcome 08: Health and Safety and Risk Management

**Theme:**
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The arrangements for ongoing decoration and maintenance require review to ensure the building services and facilities are maintained in good decorative order. A number of bedrooms were identified as requiring repainting and woodwork to include door frames and skirting boards is some areas required attention.

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:
Maintenance hours have been allocated to complete the redecoration of various parts of
the Centre.

**Proposed Timescale:** 31/03/2018