## 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>Millbury Nursing Home</th>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000700</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Commons Road, Navan, Meath.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>046 903 6400</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:info@millbury.ie">info@millbury.ie</a></td>
</tr>
<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>Rossclare Nursing Home Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Lucy Majella Flynn-Grillet</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Catherine Rose Connolly Gargan</td>
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<tr>
<td>Support inspector(s):</td>
<td>Leanne Crowe</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced Dementia Care Thematic Inspections</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>66</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
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**About Dementia Care Thematic Inspections**

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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 monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 23 February 2017 09:20  
To: 23 February 2017 20:00

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

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<th>Provider's self assessment</th>
<th>Our Judgment</th>
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<td>Non Compliant - Moderate</td>
<td>Substantially Compliant</td>
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<td>Outcome 02: Safeguarding and Safety</td>
<td>Compliance demonstrated</td>
<td>Substantially Compliant</td>
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<td>Outcome 04: Complaints procedures</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
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<td>Outcome 05: Suitable Staffing</td>
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<td>Compliant</td>
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<tr>
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<td>Non Compliant - Moderate</td>
<td>Compliant</td>
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Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care in the centre. Inspectors also considered pre-inspection documentation forwarded by the person in charge, notifications and other relevant information.

Residents' accommodation was provided at ground floor level and residents with dementia integrated with the other residents in the centre. The design and layout of the centre met its stated purpose to a high standard and provided a comfortable and therapeutic environment for residents with dementia. Inspectors found that the management team and staff were committed to providing a quality service for residents with dementia. Every effort was made to ensure residents with dementia were supported and facilitated to enjoy a meaningful and fulfilling life in the centre. Their commitment was clearly demonstrated in work done to date to optimize the
environment, the physical and mental health and quality of life for residents with dementia living in the centre.

Inspectors met with residents and staff members during the inspection. The journey of residents with dementia within the service was tracked. Care practices and interactions between staff and residents who had dementia were observed using a validated tool. This observation evidenced that staff availed of every opportunity to engage in a meaningful and positive way with residents with dementia. Inspectors reviewed documentation such as care plans, medical records, staff files and examined relevant policies including those submitted prior to inspection. The physical and mental health needs of residents with dementia were met to a good standard and they were supported to participate in activities that met their interests and capabilities.

There were policies and procedures in place to inform safeguarding residents from abuse. All staff had completed training, and were knowledgeable about the steps they must take if they witness, suspect or are informed of any abuse taking place. Staff were respectful and empowering in their interactions with residents and supported them to maintain their independence. There were also policies and practices in place around managing behavioural and psychological symptoms of dementia and the use of restrictive interventions in the service.

The Action Plan at the end of this report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centre's for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.
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: Health and Social Care Needs

Theme:
Safe care and support

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

Findings:
This outcome sets out the inspection findings relating to healthcare, nursing assessments and care planning. The social care of residents with dementia in the centre is comprehensively covered in Outcome 3.

The healthcare needs of residents with dementia were met to a high standard. Inspectors found that there were suitable arrangements in place to meet the health and nursing needs of residents with dementia. Comprehensive assessments were carried out and while improvements were necessary to ensure clarity, care plans were developed and reviewed accordingly. Care plans in the sample reviewed had an end-of-life care plan which described the wishes of residents. The nutritional and hydration needs of residents with dementia were met. Residents were protected by safe medicine management policies and procedures.

While the centre catered for residents with a range of healthcare needs, on the day of this inspection, 22 residents in the centre had a diagnosis of dementia and five others had symptoms of dementia. The inspectors focused on the experience of residents with dementia living in the centre on this inspection. They tracked the journey of a sample of residents with dementia and also reviewed specific aspects of care such as safeguarding, nutrition, pressure area and end-of-life care in relation to some other residents with dementia in the centre.

There were systems in place to optimise communications between residents/families, the acute hospital and the centre. The person in charge or her deputy visited prospective residents in hospital or their home in the community prior to admission. Prospective residents and their families were welcomed into the centre to view the facilities and discuss the services provided before making a decision to live in the centre. This gave residents and their families information about the centre and also ensured them that the service could adequately meet their needs.

The centre was implementing measures to obtain copies of the Common Summary Assessments (CSARs) for each resident admitted. This documentation details pre-
admission assessments undertaken by the multidisciplinary team for residents admitted under the ‘Fair Deal’ scheme. This record was currently reviewed in the hospital setting as part of the pre-admission assessment completed by the person in charge or her deputy. A copy of each residents’ pre-admission assessment was retained for information as part of their documentation in the centre. The files of residents’ admitted to the centre from hospital also held their hospital discharge documentation. The centre were using communication passports to support residents with dementia to access services outside the centre. This communication support tool outlines residents’ individual preferences, dislikes and strategies to prevent or to support their physical and psychological symptoms of dementia (BPSB).

There was evidence that residents received timely access to health care services including support to attend out-patient appointments. The person in charge confirmed that a number of GPs were attending to the needs of residents in the centre, giving residents a choice of general practitioner. Residents' documentation reviewed by the inspector confirmed they had access to GP care including out-of-hours medical care. Some residents who lived in the locality were facilitated to retain the services of the GP they attended prior to their admission to the centre. Residents had good access to allied healthcare professionals. Physiotherapy occupational therapy, dietetic, speech and language therapy, dental, ophthalmology and chiropody services were available to residents as necessary. Community psychiatry of older age specialist services attended residents in the centre. This service supported GPs and staff with care of residents experiencing behavioural and psychological symptoms of dementia as needed. Residents' positive health and wellbeing was promoted with regular exercise as part of their activation programme, an annual influenza vaccination programme, regular vital sign monitoring and medication reviews. Residents in the centre had access to palliative care services for support with management of their pain and for symptom management during end-of-life care as necessary.

A care plan was developed for each resident within 48 hours of admission based on their assessed needs. Care plans contained the required information to guide staff with caring for each resident. Care plans were informed by comprehensive assessment and assessment with the assistance of validated tools to determine each resident's risk of malnutrition, falls, level of cognitive function and skin integrity among others. While all residents' needs were identified, person-centred and met to a high standard, care plan documentation required review to ensure clarity and improved accessibility. For example, there was more than one care plan for some residents' needs and similar care needs were described in a number of care plan. As a result this finding rendered the information to direct care somewhat cumbersome and delayed access to pertinent details. Residents' care plans were updated routinely on a three to four monthly basis and thereafter to reflect their changing care needs. This process was completed in consultation with each resident or a family member on their behalf. The inspectors found that all staff spoken with were knowledgeable regarding residents' likes, dislikes and care needs. A communication policy document was available to inform residents' communication needs including residents with dementia. An inspector observed staff using comprehensive strategies to ensure residents' communication needs were met. Boldly coloured tableware was in use to ensure residents with dementia could locate their food with greater ease.
Staff provided end-of-life care to residents with the support of their GP and community palliative care services as necessary. Two residents were in receipt of end-of-life or palliative care services at the time of this inspection. A pain assessment tool for residents, including residents who were non-verbal was available and in use to support pain management. The assessment tool was kept with their pain medicine prescriptions. Some residents with chronic pain symptoms had a care plan in place to inform their care needs. The inspectors reviewed a sample of end-of-life care plans and found that they outlined residents' individual preferences regarding their physical, psychological and spiritual care. Residents' individual wishes regarding the place for receipt of their end-of-life care was also recorded. All residents were accommodated in single bedrooms which enhanced their end-of-life comfort needs where appropriate. A room in the centre was provided for relatives to facilitate them to stay overnight with residents receiving end-of-life care if they wished. Staff outlined how residents' religious and cultural practices were facilitated. Members of the local clergy from the various religious faiths provided pastoral and spiritual support to residents as necessary. Residents had access to a chapel in the centre which was available to them for removal and funeral services following their death.

There were care procedures in place to prevent residents developing pressure related skin injuries. Each resident had their risk of developing pressure wounds assessed. Pressure relieving mattresses, cushions and repositioning schedules were in use to mitigate risk of pressure related skin ulcers developing. There was no evidence of pressure wounds developing in the centre. Tissue viability specialist services were available to support staff with management of any residents' wounds that were deteriorating or slow to heal if necessary. There was arrangements and policy documentation to meet the woundcare of residents in the centre as necessary.

There were systems in place to ensure residents' nutritional needs were met and that they did not experience dehydration. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked routinely on a monthly basis and more frequently where residents experienced unintentional weight loss. The inspectors saw that residents had a choice of appetising hot meals for lunch and tea. Alternatives were also available to the menu if residents did not like the dishes on offer. Residents with dementia were supported with their choice of menu by picture menus where necessary. The chef was observed mingling among residents to ensure they were satisfied with their meals. The chef told an inspector that she met all residents on admission to ascertain their food preferences, dislikes and routines. There were also arrangements in place for communication of residents' dietary needs between nursing and catering staff to support residents with special dietary requirements.

Residents on weight-reducing, diabetic and fortified diets, and residents who required modified consistency diets and thickened fluids, received their correct diets. Residents received discreet assistance from staff with eating where necessary. Nutritional care plans were in place that detailed residents' individual food preferences, and outlined the recommendations of the dietician and speech and language therapist where appropriate. Mealtimes were observed by inspectors to be arranged in two sittings and were a very relaxed and social occasion. Residents spoken with commented positively on the food provided to them. A variety of drinks were made available to residents at mealtimes and inspectors observed that some residents also enjoyed refreshments outside of scheduled mealtimes. Inspectors were told that staff were trained to administer subcutaneous
fluids to residents to treat dehydration if necessary, to avoid unnecessary hospital admissions.

There were arrangements in place to record and review accidents and incidents involving residents in the centre. Residents were assessed on admission and regularly thereafter to ensure their risk of falls was minimised. There was a low incidence of resident falls resulting in serious injury. Learning from fall reviews was identified and implemented. Fall incidents were trended reflecting times of incidents and repeat falls. There was evidence of action taken in response to any rises in fall incidents. For example, a additional care assistant was scheduled in one unit each afternoon to increase supervision of residents at risk of falls. Other strategies put in place to mitigate risk of injury to some vulnerable residents included increased staff supervision/assistance, hip protection, low level beds and sensor alarm equipment. All vulnerable residents were appropriately supervised by staff as observed by inspectors on the day of inspection.

Residents were protected by safe medicines management practices and procedures. There was a written operational policy informing ordering, prescribing, storing and administration of medicines to residents. Practices in relation to prescribing and medicine reviews met with the legislation and regulatory requirements. Nursing staff were observed administering medicines to residents and practices reflected professional guidelines. The pharmacist involved in dispensing residents' medicines met their statutory obligations to residents. The pharmacist was available to meet residents if they wished. There were procedures for the return of out of date or unused medicines. Systems were in place for recording and managing medication errors. Appropriate storage and checking procedures were in place for medicines controlled under misuse of drugs legislation and medicines requiring refrigerated storage.

Judgment:
Substantially Compliant

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

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

Findings:
There were measures in place to protect residents, particularly those with dementia, from being harmed or abused. However, improvement was required to ensure appropriate assessments were consistently completed for all residents prior to using bedrails for the purposes of enablement or restraint.

The registered provider and person in charge were working to promote a restraint free
environment. A low number of bedrails were in use and alternative equipment was available and was being implemented where possible to reduce the number of restrictive bedrails used in the centre. Assessments had been completed for all residents prior to the use of bedrails, however, inspectors found one instance where an assessment hadn't been completed before bedrails were used. A restraint register was maintained in the centre, which outlined use of restraint and detailed regular release periods.

There was a policy on, and procedures in place, for the prevention, detection and response to abuse. Inspectors reviewed training records which confirmed that all staff had completed training on protection of residents. Staff who spoke with inspectors could describe what they would do in the event of an allegation, suspicion or disclosure of abuse. The provider and person in charge ensured that there were no barriers to staff or residents disclosing any suspicions, allegations or incidents of abuse. Residents spoken with by inspectors said that they felt safe in the centre.

There were systems in place to safeguard residents' finances. Small sums of money held on behalf of residents were stored securely. Individual records were held for residents, with every transaction signed by two staff and the resident where possible. Inspectors checked a sample of records and these were found to be correct. The system for managing residents' finances was audited every three months.

There was a policy on, and procedures in place, for managing behavioural and psychological symptoms of dementia (BPSD). While there were residents who had a history of responsive behaviours, their symptoms were very well managed by staff. Staff spoken with by inspectors demonstrated an in-depth knowledge of the triggers and the most appropriate de-escalation techniques to be used for each resident if necessary. Behavioural support plans were in place for residents that required them and were reviewed on a three-monthly basis. Although the information in these care plans required some review to ensure clarity, inspectors found that they were person-centred. No residents were receiving PRN (a medicine only taken as the need arises) medicines at the time of this inspection. There were procedures in place to ensure administration was monitored and appropriate. Residents with dementia had good access to psychiatry of older age services.

Judgment:
Substantially Compliant

### Outcome 03: Residents' Rights, Dignity and Consultation

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<th>Theme:</th>
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<tr>
<td>Person-centred care and support</td>
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<tr>
<th>Outstanding requirement(s) from previous inspection(s):</th>
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<tbody>
<tr>
<td>No actions were required from the previous inspection.</td>
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Findings:
Residents in the centre were consulted with and involved in the planning and organisation of the centre. Residents with dementia integrated with other residents in the centre. Residents' privacy and dignity needs were met. Residents' rights to make choices about how they spent their day was promoted and respected. Activities available were varied and coordinated by three activity staff from Monday to Saturday each week. Inspectors found that residents including residents with dementia were empowered and assisted to enjoy a meaningful quality of life in the centre.

There was evidence that feedback was sought from residents including residents with dementia on an ongoing basis. A residents' forum was convened every six weeks and the meetings were minuted. It was chaired by an independent advocate who regularly visited the residents in the centre. The team demonstrated that they sought and welcomed feedback on the service provided from residents and their families. There was evidence that any issues raised by residents or requests made by them were listened to and acted upon. Some residents attended the centre's health and safety meetings and areas of risk they identified were addressed by the provider. Residents spoken with by inspectors expressed a high level of satisfaction with the service they received and their quality of life in the centre. There was an open visiting policy and family were encouraged to be involved in aspects of residents’ lives. Visitors were observed visiting throughout the day of this inspection and there was facilities for residents to meet their visitors in private if they wished.

There were three activity coordinators facilitating activities for residents in the centre each day from Monday to Saturday. They provided small group and one-to-one activities as part of their role. The activity schedule was displayed and included dementia appropriate activities. Staff also informed residents of the activities taking place. A different group activity was provided in each of the three units in the centre. This arrangement gave residents choice as to which activity interested them most. The inspectors observed that the coordinators tailored the activities provided to suit residents' capabilities in group scenarios in addition to one-to-one interventions for residents with advanced dementia. While inspectors concluded that activities were provided in a way that met residents' interests and capabilities, some improvement was necessary to residents' records referencing their participation and engagement. As part of this inspection, the inspectors spent a period of time observing staff interactions with residents, some of whom had dementia. The observations took place at five-minute intervals in the day rooms and dining room. The interactions observed evidenced good examples of positive connective engagement between staff and residents. Inspectors observed that there was a very pleasant and relaxed atmosphere in the centre. Residents were engaged and interested in what was going on. Mealtimes were a social occasion and some residents had formed friendships with other residents including residents with dementia.

A variety of local newspapers were available for residents so they could keep up to date on local news from their community.

Staff worked to ensure that each resident with dementia received care in a dignified way that respected their privacy. Staff were observed knocking on bedroom and toilet doors. Each resident had their own bedroom with an en-suite toilet and shower facility. Inspectors observed staff interacting with residents in an appropriate and respectful manner, and it was clear that staff knew residents well. Residents were facilitated to
exercise their civil, political and religious rights. Residents confirmed that their rights were upheld. Residents' right to refuse treatment or care interventions were respected. Residents were satisfied with opportunities for religious practices. A chapel was available and residents were involved in its development and operation. Closed circuit television (CCTV) was in operation in the centre. While cameras were located at various point on the grounds, access doors and corridors, they were also fitted in residents' communal sitting and dining areas. Use of this monitoring system was informed by a policy, notices regarding use were displayed and access to data was controlled. The person in charge had also attended training on data protection procedures.

Residents were observed to move around the centre freely and were appropriately supported by staff while mobilising. Each resident's bedroom was personalised with their favourite photographs and ornaments. Some residents chose to bring items of furniture from their home which was facilitated.

**Judgment:**
Compliant

**Outcome 04: Complaints procedures**

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

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

**Findings:**
The registered provider and staff promoted a positive attitude towards complaints, which ensured that complaints were listened to and acted upon quickly and effectively.

There was a policy and procedure in place for the management of complaints. A copy of the complaints' process was clearly displayed at reception, which outlined the various stages for making, investigating and resolving a complaint.

There was a nominated person to deal with complaints, and a second person to ensure that all complaints were appropriately recorded and responded to.

A complaints' log was maintained in the centre. While there was a low number of complaints recorded, those that were recorded contained almost all of the information required by the regulations. While the provider told inspectors that all complaints were resolved to the satisfaction of the residents, improvements were required to ensure that this was consistently recorded in the relevant documentation. Any actions to improve practices or procedures implemented as a result of complaints were also recorded.

There was a clearly defined appeals process available to complainants if not satisfied with the outcome of investigations undertaken by the complaints officer.
Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

Findings:
Inspectors found that at all times there were enough staff with the appropriate skills, qualifications and experience to meet the assessed needs of residents, including those with dementia. Staff were found to be knowledgeable regarding the needs of residents and appropriately supervised.

There was a policy on, and procedures in place for the selection, vetting and recruitment of staff. A robust induction and supervision process was in place, with performance appraisals being conducted at one, three and six months following recruitment. Annual appraisals were also conducted with all staff, and samples of these were reviewed by inspectors.

There was a comprehensive training programme in place and provided mandatory training in fire safety, moving and handling procedures and the prevention, detection and response to abuse. Training in the prevention of falls, medication management, dementia care and nutrition, amongst others was also scheduled for the coming year. All staff had completed the mandatory training required by the Regulations, as evidenced by staff and the centre's training matrix.

Inspectors reviewed a sample of staff files. All information as required by Schedule 2 of the regulations was made available to inspectors. Governance meetings were held weekly by the management team, and the minutes of these meetings referenced discussion on the outcomes of audits, accidents and incidents and areas of risk amongst others. Minutes from regular staff meetings were also reviewed.

A planned and actual staff roster was in use. It reflected the staffing on duty on the day of inspection and was viewed by inspectors.

A vetting disclosure was in place in all staff files reviewed and the person in charge gave verbal assurances that all staff working in the centre had a satisfactory vetting disclosure in place.

The registered provider confirmed that two volunteers were operating in the centre. Inspectors found that both of these people had Garda vetting in place and their roles...
and responsibilities set out in writing.

**Judgment:**
Compliant

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**Outcome 06: Safe and Suitable Premises**

**Theme:**
Effective care and support

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

**Findings:**
The design and layout of the centre met its stated purpose and residents' individual and collective needs in a comfortable and homely way. The centre was purpose-built and provided a therapeutic and accessible environment for residents with dementia. Inspectors found the centre to be warm, bright, well maintained and decorated to reflect residents' preferences.

There was sufficient communal dining and sitting room space provided in a central dining area, sitting rooms in each of the three nits and a variety of comfortable rooms and areas for residents who favoured quieter areas to rest in. The main dining room was spacious and bright. Additional smaller dining/sitting areas were provided in the units for residents who preferred to eat in a quieter environment or required a high level of supervision and assistance with eating.

Residents' accommodation was provided on ground floor level. Each resident had their own bedroom with an en-suite toilet and shower. The bedrooms all had adequate storage space, a calendar clock and a functioning call bell to summon assistance from staff. Bedrooms provided sufficient space for personal and assistive equipment. Residents were encouraged to bring in their own personal mementos and furnishings which many availed of.

All parts of the building and grounds were accessible for residents using wheelchairs. Two internal safe and secure gardens were provided for residents' enjoyment. The gardens were attractively landscaped with a variety of sensory shrubs and small trees among winding pathways and a water feature. The use of large windows optimised natural light and fitted blinds enabled control of glare. The building was heated to a comfortable level and was well-ventilated. The centre was of sound construction and kept in a good state of repair and upkeep.

Handrails and grab rails were provided where required in circulating areas and in toilets/showers. Handrails on corridors were in a contrasting colour to the surrounding walls which enhanced their viability for residents with dementia or other vision needs. Signage suitable for residents with communication needs such as dementia was in place.
identifying key areas such as toilets. Floor covering were matt finished and unpatterned floor throughout which enhanced accessibility for residents with dementia. The inspectors observed that a lot of work had been done to make the environment cosy and therapeutic for residents with dementia. There was very good use of tactile decorations, traditional and colourful furnishings and memorabilia throughout the centre. Residents’ artwork and photos from events and outings were displayed on the walls. Residents spoken with expressed their satisfaction with the décor and their bedroom accommodation.

**Judgment:**
Compliant

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**Closing the Visit**

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

**Acknowledgements**

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

**Report Compiled by:**

Catherine Rose Connolly Gargan
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 01: Health and Social Care Needs

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Care plan documentation required review to ensure clarity and improved accessibility

1. Action Required:
Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident’s admission to the designated centre.

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:
All resident’s care plans is in the process of being reviewed ensuring clarity and improved accessibility.

**Proposed Timescale:** 30/04/2017

### Outcome 02: Safeguarding and Safety

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Ensure that assessments are consistently completed prior to the use of restraint.

**2. Action Required:**
Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

Please state the actions you have taken or are planning to take:
All Staff Nurses were spoken to and informed to ensure that assessments are carried out prior to the use of restraint.

**Proposed Timescale:** 23/02/2017