

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Villa Marie Nursing Home
Centre ID:	OSV-0000437
Centre address:	Grange, Templemore Road, Roscrea, Tipperary.
Telephone number:	05 052 3197
Email address:	villamarieinfo@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Villa Marie Nursing Home Limited
Provider Nominee:	Catherine Quealy
Lead inspector:	Mary Costelloe
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	27
Number of vacancies on the date of inspection:	3

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
12 June 2017 09:30	12 June 2017 17:00
13 June 2017 09:30	13 June 2017 13:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

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

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

The location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way.

Extensive building works and renovations had taken place since the last inspection.

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

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

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

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

There were no actions following this inspection.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector reviewed the recently updated statement of purpose. It complied with the requirements of the regulations. The statement of purpose accurately reflected the services and facilities; along with the aims, objectives and ethos of the centre.

Judgment:

Compliant

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The provider had established a clear management structure. A new person in charge had been appointed to the post in October 2016 and worked full time in the centre. The provider representative who was also a nurse worked full time in the centre and deputised in the absence of the person in charge. They both were on call on alternative weekends. They were supported in their roles by a senior nurse who was involved in the

management of the centre. The management team met each other, residents and staff on a daily basis. Residents and staff spoken with told the inspector that they felt well supported and could report or discuss any issue with any member of the management team.

Systems were in place to review the safety and quality of care. Regular audits were carried out in relation to incidents, falls, medication management, care planning and assessments, nutritional status, catering, restraint and provision of activities. Results of audits were discussed with staff to ensure learning and improvement to practice. A report on the quality and safety of care of residents in the nursing home had been documented for 2016. The provider had indicated in the report that they aimed to reduce the number of falls during 2017. A recent falls protocol had been developed and was being implemented by staff. A physiotherapist had been engaged and was attending the centre on a weekly basis. The physiotherapist assessed residents mobility, reviewed all residents post falls and carried out both group and individual exercise programmes. Staff had recently completed training on managing slips, trips and falls.

There was evidence of consultation with residents and their representatives. Monthly residents meetings were held and facilitated by the activities coordinator. Minutes of meetings were recorded. The inspector reviewed the minutes of recent meetings and noted that issues such as daily routines, meal times, food quality, choice and portion size, environment, laundry, activities as well as up coming events were discussed. There was evidence that issues raised by residents had been acted upon, for example, the lunch meal times had been changed at the request of residents. Resident quality satisfaction surveys were completed annually, the results of which indicated high satisfaction with the service provided. There was evidence that both residents and their relatives were involved in the development and review of their care plans.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge had been appointed in October 2016 and worked full time in the centre. She had the required experience and qualifications for the role. The person in charge was knowledgeable regarding the Regulations, the Authority's Standards and her statutory responsibilities. She demonstrated very good clinical knowledge. She was

knowledgeable regarding the individual needs of each resident.

The person in charge had engaged in continuous professional development. She had qualifications in clinical governance and quality management in residential settings for older people, a post graduate Diploma in Palliative care, Gerontology (level 8), end of life care (level 8). She had completed all mandatory training as well as all recent in house training.

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

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

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

There were comprehensive policies on the protection and safeguarding of vulnerable adults and responding to allegations of abuse. Staff spoken with described clearly what they would do if they suspected abuse and were knowledgeable regarding their responsibilities. Staff spoken with and training records viewed confirmed that staff had received ongoing education on elder abuse and most recently on safeguarding. Residents spoken with told the inspector that they felt safe in the centre.

The person in charge told the inspector that they did not manage the finances of any resident but small amounts of money were kept for safe keeping on behalf of a small number of residents. Records were clearly maintained. Individual balance sheets were maintained for each resident and all transactions such as lodgements and withdrawals were clearly recorded. Receipts were issued for all transactions. All residents had access to a secure lockable locker in their bedrooms should they wish to securely store any personal items.

The inspector reviewed the policies on responding to behaviours that challenge and use of restraint. The policy on behaviours that challenged outlined guidance and directions to staff as to how they should respond and strategies for dealing with behaviours that challenged. The person in charge told the inspector that there were no residents who presented with responsive behaviour at the time of inspection.

The policy on restraint was based on the national policy 'Towards a restraint free environment' and included clear directions on the use of restrictive procedures including risk assessment and ensuring that the least restrictive intervention was used for the shortest period possible.

Staff continued to promote a restraint free environment. There were five residents using bedrails at the time of inspection, all at the residents own request. The inspector noted that risk assessments and care plans for the use of bedrails were documented in all cases. Staff carried out regular checks on residents using bedrails and these checks were recorded.

Staff had completed training on dealing with violence and aggression and the use of restraint. Further training was scheduled.

The inspector observed staff interacting with residents in a respectful and friendly manner. Residents were observed to be relaxed and happy in the company of staff. Residents spoke highly of staff and stated that they were happy and felt safe living in the centre.

The person in charge confirmed that all staff and persons who provided services to residents in the centre had Garda Vetting disclosures in place. The inspector reviewed a sample of staff files and found this to be the case.

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):

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

Findings:

The inspector was satisfied that risk management was well managed and issues identified at the previous inspection had been addressed. The inspector had some concerns in relation to the door threshold leading from the main day room to the smaller

family room. These rooms were separated by a sliding door resulting in a wide gap in the floor. The provider representative stated that she had been in contact with the door company and was waiting replacement of the door.

There was a health and safety statement available. The inspector reviewed the risk register and found it to be comprehensive and had been reviewed and updated following the last inspection. All risks specifically mentioned in the Regulations were included.

The inspector reviewed the emergency plan which included clear guidance for staff in the event of a wide range of emergencies such as power outage, loss of water supply, heat outage, flooding and included the arrangements for alternative accommodation should it be necessary to evacuate the building.

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

The inspector reviewed the fire policies and procedures. Records indicated that all fire fighting equipment had been serviced in June 2017 and the fire alarm was serviced on a quarterly basis. The fire alarm was last serviced in June 2017. Fire safety training took place regularly and included evacuation procedures and use of fire equipment. All staff spoken to told the inspector that they had received recent fire safety training. Training records reviewed indicated that all staff had received up-to-date formal fire safety training.

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

The inspector noted that infection control practices were robust. There were comprehensive policies in place which guided practice. Hand sanitizer dispensing units were located at the front entrance and throughout the building. Staff were observed to be vigilant in their use of hand sanitizers. The building was found to be clean and odour free. All staff had recently completed training in infection control. Improvements had been carried out to the laundry area, there was now a separate area for the storage of clean laundry and linen.

The inspector spoke with housekeeping staff regarding cleaning procedures. Staff were knowledgeable regarding infection prevention and control procedures including colour coding and use of appropriate chemicals.

Judgment:
Substantially Compliant

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

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

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

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

The inspector reviewed a sample of medication prescribing and administration sheets. All medications were regularly reviewed by the general practitioners (GP).

Systems were in place to record medication errors which included the details, outcome and follow-up action taken. Staff were familiar with these systems.

Systems were in place for checking medications on receipt from the pharmacy and the return of unused and out-of-date medications to the pharmacy. Nursing staff confirmed that they had good support from the pharmacist.

Regular medication management audits were carried out by nursing management and the pharmacist. No issues had been identified during recent audits.

All nursing staff had completed medication management training in November 2016.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are

drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents' healthcare needs were met and they had access to appropriate medical and allied healthcare services. Each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

All residents had access to a choice of general practitioner (GP) services. There was an out-of-hours GP service available. The inspector reviewed a sample of files and found that GPs reviewed residents on a regular basis.

A full range of other services was available including speech and language therapy (SALT), physiotherapy, occupational therapy (OT), dietetic services and psychiatry of later life. Chiropody and optical services were also provided. The inspector reviewed residents' records and found that residents had been referred to these services and results of appointments and recommendations were written up in the residents' notes.

The inspector reviewed a number of residents' files including the files of residents with restraint measures in place, at high risk of falls, nutritionally at risk and with specific medical conditions. See Outcome: 7 Safeguarding and Safety regarding restraint and behaviours that challenge.

The inspector found that nursing documentation was completed to a high standard. Comprehensive up-to-date nursing assessments were completed. A range of up-to-date risk assessments had been completed including in nutrition, falls, dependency, manual handling, bedrail use, oral care and skin integrity. Care plans were found to be person-centred, individualised and clearly described the care to be delivered. Care plans were in place for all identified issues. Care plans had been reviewed and updated on a regular basis. Systems were in place to record evidence of residents' and relatives' involvement in the development and review of their care plans.

The inspector was satisfied that weight loss was closely monitored; residents were nutritionally assessed using a validated assessment tool. All residents were weighed monthly or more often if staff had concerns. Nursing staff told the inspector that if there was a change in a resident's weight, nursing staff would reassess the resident, liaise with the GP and referrals may be made to the dietician and SALT. Files reviewed by the inspector confirmed this to be the case. Some residents were prescribed nutritional supplements which were administered as prescribed.

The inspectors reviewed the files of residents who were at high risk of falls and some who had fallen recently. The inspector noted that staff had followed the falls protocol in

place. There was evidence that falls risk assessments and falls care plans were updated following a fall. Additional measures including low low beds and crash mats had been put in place for some residents. The physiotherapist visited the centre on a weekly basis and assessed all residents post falls.

There were no residents with wounds at the time of inspection.

Staff continued to provide meaningful and interesting activities for residents. Each resident had a meaningful activities assessment and activities plan documented. There was a full-time activities coordinator employed as well as external facilitators such as musicians who visited monthly. The daily activity schedule was displayed. Residents confirmed that there was a wide range of interesting activities taking place. The inspector observed residents enjoying a variety of activities including arts and crafts, bingo and live music session. Other activities that took place regularly included baking, gentle exercise, ball games, bowls and hoops. Other on-going activities included the daily rosary, weekly mass, birthday parties, hand care and massage, newspaper reading and gardening. Residents art and craft work and paintings were displayed throughout the centre.

Judgment:

Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

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

Findings:

The inspector was satisfied that the location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. The premises met with the requirements of the regulations and HIQA's Standards. Building works and renovations had been fully completed since the last inspection.

The extension which included single en suite bedrooms, sluice room, cleaners room, visitors room, extension to kitchen, dining room and staff facilities were fully completed.

The older section of the nursing home had been renovated and repainted. New

furniture, flooring and soft furnishings such as curtains and bed linen had been provided.

The premises were well maintained, clean and nicely decorated. There was a good variety of communal day space such as the dining room, day room and visitor's room. All communal areas were bright, comfortably furnished and had a variety of furnishings which were domestic in nature. Additional seating was provided in the hallways.

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

Residents were encouraged to personalise their rooms and many had photographs and other personal belongings in their bedrooms.

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

Residents had access to two enclosed paved and landscaped garden area. Suitable garden furniture, parasols and colourful raised flower beds were provided. The garden area was easily accessible from the day areas. Some residents told the inspector how they had enjoyed sitting outside during the recent spell of warm weather.

The external doors were fitted with key codes, CCTV cameras were in operation on external doors and internal corridor areas for additional security.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the centre was run and managed in consultation with residents and in a manner that maximised their independence. This is discussed further

under Outcome 2: Governance and management.

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

Staff paid particular attention to residents' appearance and personal hygiene and were observed to be caring towards the residents. Many residents spoken with praised the staff stating that they were kind, caring and treated them with respect.

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

Residents' religious rights were facilitated. Mass was celebrated weekly in the centre. The rosary was recited daily. Arrangements were in place for residents of different religious beliefs. Staff and residents confirmed that there are no set times or routines in terms of when a resident must get up in the morning or go to bed at night. Residents had a choice of having their meals in the dining room or in their bedroom. Residents spoken with said that there were no rules.

There was an open visiting policy in place. The inspector observed many visitors coming and going throughout the inspection. Relatives indicated in completed questionnaires that they were always made to feel welcome by staff. Relatives spoken with stated that there were no restrictions on visiting. Residents had access to the centre's cordless phones and some residents had their own mobile handset device. Staff were aware of the different communication needs of residents and care plans set out the ways in which those who had a communication impairment required intervention.

The centre was part of the local community and residents had access to radio and television. Daily, regional newspapers and magazines were provided. Some residents told the inspector how they enjoyed reading the daily newspapers.

Staff outlined to the inspector how links were maintained with the local community. Some residents went home for visits while others attended special family occasions. Local musicians and school students visited regularly. Some residents attended coffee mornings in the local bar. The activities coordinator visited the local shop each day and residents could place an order for any items that they would like.

Judgment:
Compliant

Outcome 18: Suitable Staffing

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

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

During the inspection, there was a nurse and four care staff on duty during the morning, a nurse and three care staff were on duty during the afternoon and a nurse and two care staff on duty during the evening and at night time. There was an additional care staff to assist with breakfasts in the morning time. The person in charge and provider representative normally worked during the day time Monday to Friday, they were on call out of hours and at weekends. The staffing compliment included catering and housekeeping staff on a daily basis, and an activities coordinator who worked from 10.00 to 16.00 Monday to Friday. The provider representative worked some shifts on the floor. Residents and staff spoken with were satisfied that there were adequate staffing levels and skill-mix on duty.

The inspector was satisfied that safe recruitment processes were in place. There was a comprehensive recruitment policy in place based on the requirements of the regulations. There were a number of new staff recruited since the last inspection. Staff files reviewed were found to contain all the required documentation as required by the regulations. Garda Síochána vetting was in place for all staff. Nursing registration numbers were available and up-to-date for all staff nurses. Training certificates and appraisals were noted on staff files. The person in charge advised that some staff appraisals were due to take place and she had a schedule to complete same in place. Recently recruited staff spoken with confirmed that adequate induction training and orientation was received. Details of induction training received was not documented, however, the person in charge advised that new induction training checklists and handbooks were currently being developed. There were no volunteers currently attending the centre.

The management team were committed to providing ongoing training to staff. There was a training plan in place for 2017. All staff had completed mandatory training. Some staff had also recently completed training in management of constipation, importance of nutrition in wound care, food hygiene, management of slips, trips and falls, violence and aggression, male catheterisation and cardiac pulmonary resuscitation. Further training was scheduled in dementia care, advocacy, continence promotion, restraint and use of psychotropic medicines.

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:

Mary Costelloe
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
