Health Information and Quality Authority
Regulation Directorate

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

Centre name:	Maryfield Nursing Home
Centre ID:	OSV-0000064
Centre address:	Old Lucan Road, Chapelizod, Dublin 20.
Telephone number:	01 626 4684/626 5402
Email address:	maryholmes4@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	The Frances Taylor Foundation Chapelizod Limited
Provider Nominee:	Mary Holmes
Lead inspector:	Leone Ewings
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	55
Number of vacancies on the date of inspection:	0

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 following an application to vary registration conditions. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
23 November 2017 10:00	23 November 2017 19:30

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 05: Documentation to be kept at a designated centre	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This inspection was carried out in response to the provider's application to vary the conditions of the certificate of registration. The provider's application is for registration of 55 beds, now located in a new-build premises adjacent to the current designated centre. Overall the centre can accommodate up to 69 residents overall in single en-suite rooms over four purpose-built units. A detailed proposal was submitted with the application to outline the phases of building and a satisfactory transition plan for residents from the existing centre to the new building. The centre accommodates mainly people over 65 years, some of whom may have physical and sensory difficulties. A number of residents living at the centre also had a diagnosis of dementia and mental health difficulties as described in the statement of purpose.
The provider and person in charge had fully addressed the non-compliances from the last inspection on 4 April 2016. Improvements in records of complaints, policies and the deficiencies with the existing premises. The inspector found that the residents

received a good quality service, and had positive feedback about the quality of life living at this centre. Unsolicited information and notifications received were also considered as part of this inspection. Changes in management and governance at the centre had been notified to HIQA. Two clinical nurse managers had been appointed since the last inspection, and their fitness to undertake these roles was reviewed at the time of the inspection. As part of this inspection, the inspector met with residents, relatives and staff members. She observed practices and reviewed documentation such as care plans, audits, and management meeting minutes and policies and procedures. The inspector also met the provider, person in charge and the clinical nurse managers at the centre on the day. The inspector found that residents were supported by a staff team who knew them well. Staff were skilled and experienced in providing health and social care to residents. They had completed relevant training for their roles. Residents confirmed they were well supported by the friendly staff team; good communication took place, with staff that were kind and treated them with respect. A review of residents' records showed that relevant assessments were carried and where residents required support, care plans were in place with guidance to staff about how it was to be provided. Overall, staffing in place on the day of the inspection was found to adequate to meet the assessed needs of residents. The governance and management systems operated in the centre were seen to be effective and provided assurance to the inspector that the provider and all staff were providing a safe service to residents. Regular audits were carried out by the management team to ensure positive outcomes for residents were being achieved, and if improvements were identified actions were agreed and reviewed. Reviews and requests for feedback, including satisfaction surveys were also carried out with residents and relatives which informed any improvements planned.The findings were that the provider now conforms to all matters as set out in 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 2016.

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

Outcome 01: Statement of Purpose
There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Governance, Leadership and Management

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

Findings:
There was a written statement of purpose that described the service and facilities that are provided in the centre. The statement of purpose consists of a statement of the aims and objectives of the designated centre. The management have kept the statement of purpose under review and revised the content at intervals of not less than one year. The statement of purpose contained most of the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People). However, further information about resident access to physiotherapy and qualifications of staff was required; to be updated. The updated version was submitted post inspection and found to be compliant.

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

Findings:
There were effective management arrangements in place to monitor the quality and safety of the service. The provider reports to the Board of Management on a quarterly basis. All clinical risks were reviewed at the clinical health and safety meeting this took place every three months. The planning and building works associated with the new-build had been managed well with the least possible disruption to residents and relatives visiting the centre. The inspector found that there was a clearly defined management structure in place. The organisational structure helped to ensure that staff were clear about reporting arrangements within the centre. The general manager works full-time and is part of the management team who meet monthly to oversee the operation of the centre with the provider. The person in charge (PIC) also works full-time at the centre. Residents and staff told the inspection team that they were clear about who to raise any issues with and that the person in charge and senior staff were approachable and available to them. The person in charge was supported in her role by two experienced Clinical Nurse Managers (CNM), with adequate management time to undertake their specific supervisory roles and audits. The inspector found that the care and services provided were found to be in line with the centre's statement of purpose. Systems were in place helping to ensure monitor that safe and effective care was provided. Monitoring systems included health and safety and risk management processes and an audit programme were discussed at management meetings. Audit documentation reviewed by the inspection team showed that information was gathered about practices in the centre, and was used to identify areas for improvements and staff training needs. Audits completed included falls prevention, medications, care plans, wounds and pressure ulcers, nutrition and accidents and incidents. The annual review of quality and safety, and quality of care report for 2016 was reviewed. This report was completed with detailed feedback and input of residents and relative and was reflective of inspection findings within this report. For example, good progress in reducing the number and frequency of agency staff usage was also evidenced. The inspector also reviewed the complaints process and a small number of complaints were recorded and all complaints had been resolved by the person in charge in line with the policy. Records of any investigation undertaken were evident. Clear management oversight and governance of the complaints process was evidenced in terms of record-keeping and ensuring learning from complaints informs service improvements. No issues had been escalated to the provider; however, there was clear evidence of oversight of the process. Residents told the inspector they could talk to the person in charge if they had any complaints.

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 is a registered psychiatric and general nurse and works full-time within the centre. The fitness of the person in charge was assessed by the inspector at the time of the last inspection. She was deemed to have the required knowledge and experience to hold the post of person in charge. She was knowledgeable about each resident's nursing and social care needs, and had been working at the centre now for two years. She clearly demonstrated a commitment to person-centered care practices and professional development.

Judgment:
Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Governance, Leadership and Management

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

Findings:
The inspector was satisfied that the records as listed in Part 6 of the Regulations were maintained in a such manner so as to ensure completeness, accuracy and ease of retrieval. Overall, a satisfactory standard of record-keeping could now be evidenced throughout the inspection. Improvements in updating of policies including the risk management policy had been implemented, and dates for review of policies were in place. Staff were familiar with the electronic record keeping system, and had received guidance and support implementing and using this system. However, some aspects of the system used were not fully utilised by staff. The person in charge clearly demonstrated improvements in relation to the documentation complaint outcomes and methodology of complaint review. Since the last inspection all incidents were now documented using a paper-based system. A sample of four staff files was inspected and all were found to contain all documentation as required in Schedule 2 of the Regulations. The centre was adequately insured against accidents or injury to residents', staff and visitors, as well as loss or damage to a resident's property. A directory of residents was maintained which contained all of the matters as set out under Regulation 19.The designated centre had all of the written operational policies as required by Schedule 5 of the Regulations.

Judgment:

Compliant

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Governance, Leadership and Management

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

Findings:
The provider had notified some recent changes in the management team with the addition of two clinical nurse managers. This was completed by the provider in line with regulations. Satisfactory arrangements were in place to manage the centre in the absence of the person in charge. The inspector met with and reviewed and confirmed the supporting information for both new members of the management team at the time of this inspection. The provider was also was aware of the responsibility to notify the Chief Inspector of the absence of the person in charge.

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 inspector found that systems were in place to protect residents being harmed or suffering abuse. There was a policy to guide staff and they received appropriate training and refresher training. There was an environment which promoted residents' rights in place. Residents were supported to maintain their independence. The centre was guided by policies on the protection of vulnerable adults in place and policies read were updated to reflect the Health Service Executive policy and procedures "Safeguarding Vulnerable Persons at Risk of Abuse". This policy had been reviewed and updated in September 2016.There was regular staff training in the protection of vulnerable adults.

Staff spoken to were knowledgeable of the types of abuse and the reporting arrangements in place. The person in charge was aware of the requirement to notify any allegation of abuse to HIQA. One such report had been made and the actions taken to safeguard all residents were reviewed. The inspector found the response to this report was timely by the person in charge, and all measures had been implemented in line with policy. The inspector spoke to a number of residents who said that they felt safe and secure in the centre. A policy on the management of challenging behaviours that guided practice was in place. A small number of residents presented with behaviours associated with dementia and cognitive difficulties. Overall, the residents were well supported and positive behavioural plans were in place. The inspector found evidenced-based tools were utilised to monitor behaviours where required. Staff were familiar with the residents and understood their behaviours, what triggered them and the least restrictive interventions to follow. There was an good awareness by staff of the symptoms associated with dementia, and any changes in behaviours due to infections or acute illness. There was a separate policy on the use of restraint which reflected the national policy "Towards of Restraint Free Environment". The person in charge confirmed that a restraint-free environment was in place and no bedrails were in use at the time of this inspection. Nonetheless a system was in place that ensured that a detailed risk assessment took place, with alternatives trialled prior to the use of bed rails or any restrictive practice. The inspector was informed that the provider was not involved with managing pensions. A small number of residents had supports in place to manage their finances and petty cash systems. Records reviewed were detailed and subject to audit and oversight by the provider, staff had a policy in place to guide them in best practice.

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 health and safety of residents, visitors and staff was seen to be promoted in the centre. Detailed risk management policies and procedures were in place. The policy contained the procedures required by Regulation 26 and schedule 5 to guide staff. Staff were familiar with the contents of the emergency plan. The risk register in place was well maintained and updated on a monthly basis; this was overseen by the person in charge and part of the monthly management meetings. Each risk assessment set out the identified risk, the level of risk identified, the steps taken to mitigate the risk and the person responsible for taking the action. The documents were thorough and covered a wide range of areas. Incident and accident reporting provided information to support the reduction of identified risks. There was also an up-to-date health and safety statement

available signed and dated by the provider. The health and safety committee met regularly and any issues raised were minuted. All meetings were minuted with an associated action plan in place to address matters raised. Plans were in place to further review the overall health and safety strategy when the building works were completed as the centre was in a transitional stage in terms of the premises and overall project. The fire safety policy provided guidance to reflect the size and layout of the building and the evacuation procedures. Records showed that there were routine checks to ensure fire exits were unobstructed, fire doors were operational and fire fighting equipment was in place. Annual checks were carried out on the fire safety equipment, and the fire alarm was serviced on a quarterly basis. Clear signage was in place throughout the centre guiding residents, visitors and staff to the nearest exit. All bedrooms and most doors to communal areas in the new-build had automated door closers and was in line with the fire safety certificate and planning requirements. The procedure to follow in the event of a fire was posted in different parts of the centre, and staff were able to describe their role in evacuation when the inspector spoke with them. Evidence was reviewed that all staff had completed annual refresher training in fire safety procedures. A record of fire drills showed they were carried out monthly, and the maintenance department were responsible to ensure all staff, including night staff, had been involved in a drill. Further fire safety training dates were confirmed to the inspector for early December to encompass the revised procedures. Identified clinical risks were well documented and addressed in a timely manner, with the involvement of the person in charge and senior staff. For example, the follow-up on any falls and incidents included referral and review by a physiotherapist who undertook mobility assessments, gait and balance reviews. Moving and handling assessments were up-to-date and the use of any assistive equipment monitored closely to ensure adherence to best practice including servicing and staff training. There were safe procedures in place for the prevention and control of infection and the centre clean, hygienic and well presented. Personal protective equipment was available throughout the centre, and there were hand gel sanitizers available throughout the centre. Staff were observed practicing hand hygiene and had easy access to hand washing facilities to meet their needs. Arrangements were in place to manage infection control in the laundry.

Judgment:
Compliant

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

Theme:
Safe care and support

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

Findings:
There were appropriate management systems in place to ensure safe medication practices. There was a comprehensive medication policy in place which gave clear guidance to nursing staff on the procedures to follow for ordering, monitoring,

documenting, administering and the disposing of un-used and out-of-date medications. The policy included the procedure to follow in the event of medication errors. One serious medicine error had been reported to HIQA since the last inspection. The actions taken to prevent recurrence were discussed with the person in charge, and the inspector was satisfied that the risks had been mitigated to prevent recurrence. The clinical nurse manager completed internal medication administration audits and a comprehensive pharmacy audit of all areas relating to medications was completed every three months. There was an effective system in place to manage the return of out-of-date and un-used medications with records providing a clear audit trail. Staff engaged in audit and review had received training. The clinical rooms within the new-build had suitable storage spaces for medicines in line with An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) best practice guidance.

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:
Arrangements were in place to provide nursing, medical care and allied healthcare for residents. A sample of resident records and plans were reviewed. A full pre-admission assessment was completed prior to resident admission and formed part of the centre's admission policy and practice. There was a documented assessment of all activities of daily living, including communication, personal hygiene, continence, eating and drinking, mobility, spirituality and sleep. The social and recreational assessment tool was also completed in a sample reviewed. This informed a personalised activity care plan, which in turn informed the activities programme and staff. There was evidence of a range of evidence-based assessment tools being used to monitor areas such as the risk of falls and malnutrition, mobility status, cognition, skin integrity and to identify any risk of developing pressure ulcers. The development and review of care plans was done by a key worker in consultation with a resident or their representative. Each resident's care plan was subject to a formal review at least every four months or as changes occurred. Feedback received from residents and relatives also confirmed this took place. A collaborative decision regarding active treatments such as cardio-pulmonary resuscitation formed part of the assessment and care planning process. The inspector was informed that an assessment of resident's views and wishes for the end of life were fully documented, and outlined in a related care plan and subject to regular reviews. A

care plan to include details and information made known to staff regarding religious, spiritual and cultural practices or named persons to assist residents in decisions and arrangements made was noted in the records reviewed. The inspector reviewed the management of clinical issues including wound care and falls management and found they were subject to regular assessment and reviews of planned care. There were no residents with pressure ulcers at the centre. The falls risk tool was updated following any fall or incident. The nursing narrative adequately describes the care and referenced the detailed care plans. Audit of the care plans was in place and overseen by the clinical nurse managers and the person in charge. The statement of purpose as submitted had outlined a part-time physiotherapist on staff roster; however, this staff member had since left this post. Nonetheless access to physiotherapy and occupational therapy (OT) services were seen to be available to residents on a referral basis, by on a private and public basis. Residents had suitable mobility aids and custom chairs following seating assessments by an occupational therapist. Hand rails on corridors and grab rails were seen as used by residents. Residents were satisfied with the healthcare service provided and good access to general practitioner (GP) services was reported. General Practitioner (GP) services were well established and out-of-hours medical cover was available. A range of other services was available on a referral basis including chiropody, speech and language therapy (SALT), and dietician and tissue viability services. The inspectors reviewed residents' records and found that some residents had been referred to these services and results of appointments were written up in the residents' notes and care plans. Communication systems were in place to ensure that residents' nutritional and care needs were known by staff supporting residents to eat and drink and to those preparing and serving food. Procedures were in place to guide practice and clinical assessment in relation to monitoring and recording of weights, nutritional intake and risk of malnutrition. Staff were knowledgeable and described practices and communication systems in place to monitor residents' clinical observations that included regular monitoring of weight, desire for recommended food and fluid consistency and intake. Communications and information about modified diets was in place and staff were knowledgeable. Residents were seen enjoying various activities at times during the inspection. Each resident's likes and preferences were assessed, known by staff and daily activities undertaken were recorded and seen in logs made by the activity staff and dementia care specialist who worked at the centre. Music and activity such as board games and one-to-one friendship moments were seen to be enjoyed by residents in the day of the inspection. Emphasis was placed on family engagement, and residents were encouraged and facilitated to access external events and family occasions. Religious ceremonies were celebrated, and a weekly mass service in the centre was available to residents. Overall, most residents had opportunities to participate in meaningful activities that were purposeful to them and which suited their needs, interests and capacities. Residents confirmed they had been closely involved in the transition process, observing building works and choice and location of their new accommodation in the new-build.

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:
Residents were consulted with and participated in the running of the centre. Residents' rights were respected and their independence promoted in line with the statement of purpose and ethos of the centre. A detailed transition plan informed by the residents' preferences was in place. For example, choice of bedrooms, units and some residents choosing who they would like to live within the new-build. There were residents' meetings held on a monthly basis in the centre. The meetings acted as a forum for the management to communicate any changes in the centre to the residents, and to facilitate residents to raise any issues or suggestions they had to the management. Issues discussed included suggestions about food, activities and planning and involvement with the new-building and accommodation. The inspector observed that residents' independence was promoted as part of the ethos of the centre. .There were satisfactory systems in place to assist residents to communicate. Residents and relatives confirmed to the inspector a variety of pastimes, individual and group activity was available. Some planned sessions of SONAS (a communication sensory therapy) took place. The activities person outlined to the inspector how the each resident's preferences for pastimes and activity were assessed, and all suggestions were acted upon. Family celebrations, birthdays and other occasions were planned for and residents told the inspector they enjoyed having meaningful things to do. There was an activities plan in place at the centre. Residents' religious needs were well met in the centre. The majority of residents in the centre were Roman Catholic. Daily Mass was held in the chapel in the centre. Residents of other faiths were facilitated to attend services. Voting in elections or referendums was facilitated in the centre. Residents could be registered to vote in the centre and a polling station would be set up there. Visiting was encouraged, all visitors signed in at reception, and could access refreshments in the tea room. There was access to an independent advocacy service in the centre, contact details were displayed in the front reception of the centre. All residents had access to a telephone; each of the new bedrooms had a telephone and desk with internet access. There was also access to television, Skype, radio and newspapers. There was a written complaints policy and procedure that guided the management of complaints in the centre. The complaints procedure was displayed in the reception area and it included an appeals process.

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:
There were appropriate staff numbers and skill mix to meet the assessed needs of the residents, and to the size and layout of the designated centre. The centre had reduced the use of agency staff over the last 18 months and had a robust recruitment process in place. Ongoing recruitment procedures took place and planning was in place to increase staffing in preparation for caring for the additional 14 residents. All staff were friendly and aware of the line management system and who to approach should they require support or advice in their day to day work. Feedback received from residents and relatives confirmed that staff at the centre were attentive and met their needs in respectful manner. Inspectors interviewed a sample of staff on duty to confirm training received and their knowledge of their duties. Staff spoken to were aware of residents' needs and they were knowledgeable about individual residents and assessed care plans in place. They were observed interacting respectfully and provided person-centered care. The inspectors reviewed the roster which reflected the staff on duty. Resident dependence was assessed using a recognised dependency scale and evidence provided that the staffing rosters were adjusted accordingly. The inspector was satisfied that there was sufficient staff on duty to adequately meet the needs of residents on the days of the inspection. The inspector interviewed the staff member responsible for recruitment and there was clear evidence of robust staff recruitment practices. She also found that there was appropriate planning and rostered staff numbers and skill-mix to meet the assessed needs of the residents. The recruitment policy in place had been updated since the last inspection, and was awaiting final approval by the Board. The human resources manager supported the provider and person in charge, and was engaged in managing this and records to a high standard. All mandatory training as required by the regulations was completed. Detailed planning was in place for the updated fire procedures which would take place on two dates in early December, and further training on dementia and managing challenging behaviours..All registered nursing staff had current registration with Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland). Some staffing rosters did not contain the full names of staff and this was discussed with the person in charge. Staff recruitment was ongoing at the time of the inspection, and staff turnover had reduced since the time of the last inspection. The person in charge and provider promoted

continuous professional development for staff. Staff were provided with training to meet the specific and changing needs of residents. A broad range of training had been provided to staff such as falls prevention and management and nutrition, and managing and responding to any challenging behaviours. Staff spoken with all reported that they felt well supported and supervision was provided to all staff. Communication with management and staff meetings took place in an open and supportive environment.No volunteers worked at the centre, management were aware that any volunteers should be vetted and supported in line with regulations.

Judgment:
Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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Regulation Directorate
Health Information and Quality Authority