

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Caherass Nursing Home
Centre ID:	OSV-0000411
Centre address:	Caherass, Croom, Limerick.
Telephone number:	061 600 930
Email address:	caherassnursinghome@mowlamhealthcare.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Mowlam Healthcare Services Unlimited Company
Provider Nominee:	
Lead inspector:	Mairead Harrington
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	47
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:
14 November 2017 10:30	14 November 2017 17:15
15 November 2017 09:15	15 November 2017 15:15

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 03: Information for residents	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 12: Safe and Suitable Premises	Compliant
Outcome 14: End of Life Care	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 announced inspection at Caherass Nursing Home, Limerick. The service was delivered through Mowlam Healthcare Services Unlimited Company. The executive chairman acted as provider representative.

The purpose of the inspection was to assess compliance with the regulations and standards and to inform the renewal of registration for the designated centre. Current registration is due to expire on 1 April 2018. As part of the inspection process the inspector met with a number of residents, the person in charge, the representative of the provider entity, relatives and visitors, persons participating in management and numerous other staff members. The inspector observed practice, assessed governance and reviewed clinical and operational documentation such as policies, procedures, risk assessments, reports, residents' files and training records. The inspection also involved an assessment of the environment and health and safety provisions.

The findings of the inspection are described under 11 outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland. Previous inspections of the centre demonstrated a high standard of care in keeping with evidence-based practice. The last inspection of this centre took place on 25 August 2016. A copy of that report is available at www.hiqa.ie. Areas for improvement identified during that inspection included training for staff, the development of recreational activities for residents and the appropriate storage of equipment. The provider had responded with an effective and relevant plan of action to address these issues and all actions had been satisfactorily completed.

The centre operated in keeping with its statement of purpose through a clearly defined management structure. There had been no change to the person in charge or the nominated person participating in management since the previous inspection. Both these members of management were in attendance throughout the inspection and demonstrated an effective understanding of their statutory duties and the responsibilities associated with their respective roles. The inspector also met with members of senior management who confirmed regular communication and consultation with staff and the management team at the centre. Systems of delegation and accountability were in place. Management was responsive to regulation and demonstrated a commitment to the implementation of quality improvements.

Residents had regular access to the services of a general practitioner (GP), and other healthcare professionals as required. Staff had received appropriate clinical and professional training. Management systems that supported accountability and supervision were in place. The centre was well resourced with access as required to a range of allied healthcare services such as physiotherapy, occupational therapy, chiropody and dietetics. The centre also had regular access to general practitioner (GP) services and the support of a palliative care team. Staffing levels were in keeping with both the size and layout of the centre, and the profile of residents' needs. The inspector discussed the planning and provision of care with members of staff and also reviewed the range of training provided. The inspector noted that staff interactions with residents throughout the inspection were person-centred and appropriate to the circumstances of care.

The inspector also spoke with residents and relatives during the inspection and reviewed survey questionnaires. This feedback was consistently positive and complimented all aspects of the service including care, environment, staff and recreation. In summary, there was evidence of individual residents' needs being met and the centre overall was found to be operating in compliance with the regulations and conditions of registration.

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:

A statement of purpose and function was in place that clearly described the service and facilities provided in the centre. It set out the staffing arrangements and numbers of staff in whole time equivalents. It also described the aims, objectives and ethos of the centre.

The statement of purpose included the registration date, expiry date and the standard conditions attached by the Chief Inspector to the designated centre's registration under Section 50 of the Health Act 2007. The statement of purpose contained the information as set out in Schedule 1 and was reviewed on an annual basis in keeping with the requirements of Regulation 3.

Judgment:

Compliant

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There was a well-established system of governance in place that included arrangements

for regional oversight and management. The centre was one of a number owned and operated by Mowlam Healthcare Services, Unlimited Company. The centre operated a clearly defined management structure where care was directed through the person in charge, reporting in turn to a regional healthcare manager and the director of services. The representative of the provider had senior level managerial and operational supports in place in relation to human resources, finances, estates and healthcare management. Regular quality and safety meetings took place at regional and local level. The centre was well resourced with good evidence that staff were provided with regular training appropriate to both their professional role and the assessed needs of the resident profile. Management confirmed that resources were dedicated on a consistent basis for training and development. The premises and grounds were clearly well maintained and there was a nominated resource with responsibility for site management. Appropriate provisions were in place in relation to the safe maintenance of the environment and equipment.

The person in charge was supported in the role by an assistant director of nursing (ADON). Administrative support was also in place. Management demonstrated a determined commitment to the provision of a quality service that included the continuous improvement of person-centred care. Quality management systems were in place that included a comprehensive audit schedule across key areas of care such as falls, infection control, medication management, health and safety, catering, person-centred care and care plan reviews. Audit action plans identified the members of staff responsible for implementing actions and recorded time frames for completion and follow up. Processes for consultation with residents and relatives were in place and a regular satisfaction survey took place.

The management team had completed a comprehensive annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by HIQA under section 8 of the Act. There was evidence that consultation had taken place with both residents and relatives. The annual review outlined service developments, audits undertaken, complaints, results and feedback from resident and relatives' surveys. It outlined the improvements made in 2016 and plan of quality improvements to be made in 2017. The inspector reviewed the areas for improvement with management who were able to confirm that resources were in place to implement the actions as identified.

Judgment:

Compliant

Outcome 03: Information for residents

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

Guidance for residents was made available that provided an introduction to the care and services provided at the designated centre. This included a description of care and a summary of the services provided, and related costs, as well as information on how to make a complaint. It also described the facilities available, visiting arrangements and identified the management team.

As required under Regulation 24 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, each resident was provided with a contract of care on admission. The contract detailed services covered under the overall fee, such as accommodation, nursing and medical care, and facilities for religious practice, social programmes and activities. Services incurring additional costs were also set out, such as hairdressing and chiropody.

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):

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

Findings:

Appropriate measures were in place to ensure the protection of residents in relation to the risk of harm or abuse; these included relevant policies and procedures and a related training programme for staff. Other measures in place to safeguard residents included robust recruitment and vetting procedures. Staff members spoken with had received relevant training and demonstrated a knowledge and understanding of how to recognise and respond appropriately in the event that they were made aware of an allegation of abuse. The inspector reviewed the training matrix and confirmed through discussion with staff and management that all staff had received up-to-date training in safeguarding. The director of services had also delivered a presentation on the subject in March 2017. The inspector spoke with residents who confirmed that they felt safe and well minded in the centre. Feedback on the questionnaires that were reviewed indicated that residents and relatives were aware of who was in charge and how to go about raising any concerns they might have.

There was a current policy and procedure in place on the management of residents' accounts and personal property. The inspector reviewed these processes with the administrator who provided a summary of organisational practice in relation to the

management of finances, and centre-specific practice, that was in keeping with the relevant procedures. This included the use of a centralised accounting system and the safeguard of a regular audit. The centre managed some cash amounts for a small number of residents. A sample of transactions was reviewed. Processes were in keeping with protocols and balances reconciled with records. Documentation of receipts and the recording of balances were maintained and signatures were in place on receipts for transactions. Residents had secure storage provided in their rooms. Where the centre acted as a pension agent relevant documentation was in place as required and procedures in this regard were appropriately set out in the associated policy.

The inspector reviewed policies and practice in relation to the management of care for residents that might present with a responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The policy on restraint was based on the national policy 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. A review of the training matrix indicated that all staff had received training appropriate to their roles in relation to dementia care and the management of responsive behaviours. Nursing and care staff were able to explain to the inspector their understanding of how the behaviour of residents might be affected by dementia and related conditions.

The inspector noted that residents were at their ease during the inspection and that communication by staff was resident centred and reassuring. Staff members spoken with expressed an awareness of the importance of understanding the needs and personalities of each resident and ensuring that communication was appropriate to their individual circumstances. The inspector reviewed the processes in place around assessments for the use of restraints and noted that risk assessments detailing alternatives considered were in place, as well as care plans providing guidance on use. The centre continued to positively promote the least restrictive practice in managing environmental risk for residents and the inspector noted that low beds, impact mats and alarms were assessed for use as appropriate. Routine checks on the monitoring of use were seen to be in place and regularly recorded. Quarterly returns were also completed in keeping with regulatory requirements.

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 designated centre had relevant policies and procedures in relation to the management of risk and fire safety. A current health and safety statement was in place. The risk management policy included all of the items set out in regulation 26(1). Risks were assessed, prioritised and addressed using action plans contained within a risk register. The risk register was up to date and it identified and outlined the management of clinical and environmental risks. Arrangements were in place for investigating and learning from any serious incident or adverse event. Regular quality and safety meetings took place at regional level to review incident records from the centre and develop relevant action plans and initiatives. Records viewed by the inspector indicated that staff had received training in moving and handling and staff were seen to consistently observe appropriate practice when assisting residents during the inspection. Lifting equipment, such as hoists, were serviced on a regular basis and records were maintained in this regard.

Members of staff spoken with by the inspector demonstrated a collective understanding of the appropriate action to take in the event of a fire or emergency. An emergency response plan contained instructions on how to respond to major incidents likely to cause death or injury, serious disruption to essential services or damage to property. This knowledge was seen in practice during the inspection when staff and management responded in keeping with protocols during a brief interruption of power. The inspector saw that fire training was provided to staff on a number of dates in 2017 and all staff had attended. The inspector reviewed fire safety with members of staff who were able to describe their regular participation in drills. Staff also explained that residents were involved in training around fire safety and absconsion. Personal evacuation plans were in place that assessed the mobility and assistance needs of each resident. Evacuation plans and information notices on action to take in the event of a fire were clearly displayed. There was a designated smoking area for residents who smoked and relevant risk assessments had been completed in this regard. The inspector saw records that showed fire drills were undertaken regularly and that any actions identified as a result of the drill were recorded and evaluated. A fire safety register was maintained and certificates in relation to the testing and maintenance of equipment were in place.

Signage for emergency exits was clear and all fire exits were unobstructed. The premises and grounds were well maintained with suitable safeguards in place that included grab-rails and accessible call-bells in all rooms. A nominated member of staff had responsibility for general maintenance and the routine check of controls in relation to environmental risks and hazards. Security measures included a visitors' attendance log and the use of closed circuit television (CCTV) in reception and corridor areas. The inspector spoke with healthcare and catering staff who demonstrated an understanding of effective cleaning practices and infection control principles. Hand hygiene was observed and staff used protective equipment such as gloves and aprons as appropriate. Sanitising hand-gel was readily accessible throughout the centre. Records reviewed indicated that staff were provided with regular training in the control and prevention of infection. A nominated member of staff held responsibility for monitoring compliance in relation to infection prevention and control, as required by the national standards. Regular hand-hygiene audits also took place. Access to cleaning storerooms and sluice rooms was restricted. A high standard of cleanliness was in evidence throughout the centre.

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:

This outcome had been found compliant on the last inspection and there were no areas for improvement identified. A centre-specific policy was in place relating to the ordering, prescribing, storing and administration of medicines. This included guidance on the handling and disposal of out-of-date medicine. All medicines were stored securely and appropriately. There was a dedicated medicines storage area on each floor and trolleys were locked in these locations between medication rounds. Separate storage was provided for prescribed food supplements. Where medicines were opened for repeat use the date of opening was recorded and administering staff confirmed that out-of-date medicines were disposed of in keeping with relevant protocols.

The inspector reviewed practice, in relation to the administration of medicine, with members of nursing staff available on each floor of the centre. Prescription and administration records were reviewed and staff were able to clearly explain how the information was recorded and the significance of specific entries. Documentation provided entry areas, as required, to record where a resident might refuse their medicine, and protocols were in place for referral and review by the prescriber in these circumstances. The records contained the necessary biographical information of residents, including a photograph. At the time of inspection no residents were responsible for administering their own medicine. A signature bank of administering staff was in place. Administering staff had access to compliance aids and guidance information to assist them in the identification of different medicines. A recording system to monitor and review any medication errors was in place.

The inspector noted that fridge temperatures were being monitored and readings recorded on a regular basis. The person in charge confirmed that the attending pharmacist was supported to fulfil any obligations of the role as required. Training was facilitated in areas such as pharmacy audit and the management of diabetes, for example. Administering staff also had access to e-training and competency assessments took place.

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:

This outcome sets out the inspection findings relating to healthcare, assessment and care planning. There had been no substantive change to the care planning system since the last inspection, and records continued to be maintained electronically. The electronic system provided effective oversight and was easy to review. The person in charge explained that all residents were routinely assessed in advance of admission to ensure that their needs could be fully met by the type of care and range of services provided at the centre. Further comprehensive assessments were completed by a suitably qualified member of staff following admission.

The inspector reviewed a sample of care plans and discussed aspects of care with both nursing and care staff. The assessment processes on admission included the use of a range of validated tools to assess each resident's status and needs. Care plans described residents' abilities in relation to the activities of daily living with specific, focused plans in place where residents had particular needs in relation to mobility, cognition and nutrition, for example. At the time of inspection there were no residents with wounds at the centre. The person in charge confirmed that the services of a tissue viability nurse were available, if required. The centre was well resourced with several general practitioners (GP) attending regularly. Residents could exercise choice in relation to GP and pharmacy services. The centre provided access as required to allied healthcare. Residents with swallowing difficulties for example, who were at risk nutritionally, had care plans that reflected input as appropriate by a dietitian and speech and language therapist. Arrangements were in place for regular review by dental and optical services. An occupational therapist was available and in attendance at the centre on the day of inspection. The centre had routine access to a physiotherapist on at least a weekly basis and more frequently if required. The services of a consultant geriatrician and psychiatrist were available on referral. A clinical nurse specialist in psychiatric care of the elderly attended the centre twice a month, or as required.

Care plans were easy to follow, current and clearly reflected the profile of needs for each resident along with guidance for staff on relevant interventions and the delivery of care. The inspector saw that "key to me" information and support plans had been completed for residents, including information on likes, dislikes, hobbies and interests. The ADON explained that there were nominated key workers with responsibility for individual residents to ensure consistency of care. The inspector observed a report meeting during which it was clear that all staff had a collective understanding of the

individual needs of residents on an ongoing basis. Consultation processes were in place and the inspector saw correspondence that was issued to families explaining the review process and inviting participation in the planning of care. The person in charge explained an audit process of clinical documentation and recording. These routine audits monitored the completion of assessments, as well as the development of related care plans.

There were policies in place to ensure that relevant information was shared between providers and services for when the resident was admitted to, transferred or discharged from the centre. Documentation and correspondence in relation to hospital transfers and admissions were retained on file for reference. The inspector noted that all residents were seen to be cared for in keeping with their needs and preferences and this was echoed in comments and feedback from the residents themselves.

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:

Improvements to the premises had been undertaken since the last inspection that included the refurbishment of the hairdressing facility and provision of an additional shower area, as well as the allocation of additional storage for equipment.

The centre was a modern, purpose-built facility, set back from the main road on the outskirts of Croom town. The building was wheelchair accessible and provided ample parking facilities for both visitors and staff. The grounds were very well maintained with plants, shrubs and paved walkways. The centre provided accommodation for up to 50 residents with 47 in occupancy at the time of inspection. The centre was laid out over two floors on either side of a central reception area on the ground floor. Accommodation on the first floor comprised 26 single and one twin room, all with the en-suite facilities of a toilet and wash-hand basin. Accommodation on the ground floor comprised 22 single rooms, with similar en-suite facilities. Access between floors was provided by lift or via a keypad controlled stairwell.

The centre was clean, well maintained and smelled fresh throughout, with appropriate heating and lighting as required. The entrance area was bright and nicely decorated.

The reception area led directly into the main communal day room, which was spacious and bright, with natural light. Residents here had direct access to a secure paved outdoor area, with seating and plants. Beyond the enclosed patio area, residents also had access to a paved walkway around the grounds. There were double doors from both the corridor and the day room that led into the dining area for the ground floor. This dining area was spacious and nicely decorated with tables set for individuals and small groups.

Residents on the first floor had access to a communal day room that overlooked the countryside and could open onto a railed balcony area with seating and pot plants. There was also a separate communal sitting area where residents who might not wish to take part in activities could gather. Residents on this floor were also provided with a pleasant dining area. Communal areas throughout the centre were furnished in a homely style with dressers and soft furnishings. Handrails were provided in circulation areas and there were grab-rails in shower and toilet facilities. Specialist assistive equipment, such as hoists, was available as necessary. Residents' rooms were well maintained and personalised to varying degrees with individual belongings and memorabilia. Each room provided a bedside locker, chair and wardrobe. The centre was thoughtfully decorated with pictures, mirrors, clocks and soft furnishings. Staff were provided with separate changing and storage facilities. Kitchen facilities were laid out and appropriately equipped for the size and occupancy of the centre. The laundry area was suitable in design to meet its purpose with sufficient space and facilities to manage laundering processes.

Judgment:

Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was a comprehensive policy on the provision of care at end of life that had been reviewed in August 2017. The policy provided relevant guidance on the emotional, psychological and physical aspects of resident care at this time. The inspector reviewed processes around care with members of staff and management. The policy referenced arrangements for the provision of pastoral care, in keeping with expressed religious preferences. The arrangements in place, as summarised by staff spoken with, were in keeping with the requirements of the resident profile of the centre at time of inspection.

The centre demonstrated a proactive approach to the gathering and review of information on residents' expressed wishes in relation to their preferences for care.

Management were committed to developing the understanding of staff in relation to these needs and preferences. Training was ongoing and a centre-specific programme had been undertaken in developing best practice as part of a national initiative. Staff at the centre had achieved an award for excellence in this endeavour. The inspector reviewed planning processes and noted that a multidisciplinary approach was undertaken in considering information, to include consultation with a medical practitioner and the resident, where possible. The centre had meaningful access to the support and services of a palliative care team.

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):

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

Findings:

Arrangements for the provision of activities and recreation for residents had improved since the last inspection. The centre now provided a nominated resource with a dedicated budget for the provision of an activities programme. This member of staff was appropriately experienced and trained to provide a range and variety of activities that were suitable to the assessed needs of all residents. The inspector met with the nominated member of staff and reviewed the arrangements in place. Information on individual resident backgrounds and interests were used to inform a meaningful, person-centred activation programme. Residents were assessed in relation to the type of engagement and stimulation that would best meet their needs, whether planned, exploratory, sensory or responsive.

On the days of inspection residents were seen variously engaged in group, individual and one-to-one activities, including playing cards, physical exercise and art decoration. Social interaction and engagement was also promoted through creative initiatives with the support of the wider staff. For example 'hat' events had taken place around the time of the Galway races, and there had been a 'wedding' party with residents taking roles as guests at the wedding. The inspector saw many photographs of residents engaged in a variety of social pastimes. Residents had safe access to an outside space and the patio garden area had also been used during the summer for a barbecue. Residents went on outings to places of local interest and exchange visits took place with residents from another nursing home in the area. Information on activities was clearly displayed on the notice board of each floor.

Residents were provided with relevant information on the services and facilities provided by the centre. Arrangements were in place for a nominated advocate to attend the centre and information was on display that provided contact details for the national advocacy service. Regular resident meetings took place and minutes of these meetings were recorded for reference. Annual satisfaction surveys took place and feedback was recorded on action plans. Consultation with residents and their representatives was also recorded on the care plans reviewed. There were no restrictive visiting arrangements and visitors were seen in regular attendance throughout the inspection spending time with residents in all areas of the centre.

Residents were provided with community news through local newspapers. There was access to TV or radio in both communal areas and individual rooms. The inspector met and spoke with a number of residents and visitors who were very positive in their comments about the care they received, remarking that the care was 'excellent' and 'better than home'. Communication needs of residents in the centre were seen to be well considered and access to a private phone was provided. Some residents were also seen using devices for entertainment. Where closed circuit television (CCTV) monitoring was in use in it was restricted to public access areas only and did not impact on the privacy of residents or visitors as they went about their day-to-day activities.

The inspector observed interactions between staff and residents and noted that communication was interactive and friendly. Staff members were gently helpful with residents who might be having difficulty with a personal activity, such as mobilising to or from their seat. Care staff were able to explain clearly how they recorded daily care routines and safety checks for residents to ensure that the information was current and relevant on an ongoing basis. The activities coordinator was also able to demonstrate how information was maintained about how residents participated in activities in keeping with their abilities and preferences.

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:

Appropriate recruitment and vetting procedures were in place and kept under regular review. Procedures were robust and required that all newly appointed staff underwent a period of orientation and induction. An annual process of performance review and appraisal was in place. The person in charge explained that there were systems to assess competencies and provide updated training as necessary. Management demonstrated a clear understanding of the statutory requirements in relation to security vetting and confirmed that all staff had been appropriately vetted. A sample of staff files was made available for review that included the necessary Garda Síochána vetting. Documentation on these files was well maintained in keeping with Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The inspector reviewed the training matrix and identified that training was regularly delivered in mandatory areas such as fire-safety, safeguarding and manual handling. Management monitored staff training renewal dates and all staff members had current training as required. Additional training was provided for staff that was in keeping with their role and the needs profile of residents. Catering staff had received training in the relevant areas of food and environmental hygiene. All staff had received training in dementia care and the management of related responsive behaviours. Training was also regularly provided on infection control and prevention, and the management of medicines. In addition, staff had access to online training modules. All staff nurses had up-to-date registration with An Bórd Áltranais agus Cnáimhseachas na hÉireann.

The inspector reviewed staffing levels with the person in charge and confirmed that planned staffing levels reflected the actual staff arrangements in place. The qualifications and experience of staff deployed throughout the centre were in keeping with the needs of the resident profile. The centre was laid out over two floors and supervision arrangements provided for a qualified nurse on each floor at all times. Supervision was also implemented through monitoring and control procedures such as audit and review. Management systems were in place to ensure that information was communicated effectively. Systems to support staff and ensure a consistent level of care included regular, centre-specific home management meetings. Management meetings to review learning across centres took place at a regional level. Staff had access to relevant policies as necessary, and information on the standards and regulations was also made available to staff. Staff spoken with understood their statutory duties in relation to the general welfare and protection of all residents.

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Mairead Harrington
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority