

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Killure Bridge Nursing Home
Centre ID:	OSV-0000242
Centre address:	Airport Road, Waterford.
Telephone number:	051 870 055
Email address:	info@killurebridge.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Killure Bridge Nursing Home Limited
Provider Nominee:	Kenneth Walsh
Lead inspector:	Sheila Doyle
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	78
Number of vacancies on the date of inspection:	1

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.

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 Quality 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:
25 January 2016 10:00	25 January 2016 18:00
26 January 2016 09:30	26 January 2016 16:30

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 03: Information for residents	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 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

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, incident logs, policies and procedures and staff files. Resident and relative questionnaires submitted to the Authority's Regulation Directorate were also reviewed.

As part of the registration renewal process, interviews were carried out with person in charge and the person authorised to act on behalf of the provider. Discussions also took place with another company director and the person who deputises for the person in charge.

Questionnaires reviewed were very positive in their comments about the service provided and the staff. Many referred to being part of the family there. All praised the staff for their kindness and commitment. Several relatives described the welcome they receive whenever they visit. One resident described the centre as home from home while another described how safe she felt. All residents were complimentary about the premises describing it as a friendly environment. There were several positive comments about the choice and standard of the food provided.

Overall, the inspector was satisfied that residents received a quality service. There was evidence of a substantial level of compliance, in a range of areas, with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

The safety of residents was promoted. A risk management process was in place for all areas of the centre. Fire procedures were in order. Staff had received training and were knowledgeable about the prevention of abuse of vulnerable persons. There was evidence of safe recruitment practices.

The dining experience was very pleasant and residents were treated with respect and dignity by staff. The health needs of residents were met to a high standard. Residents had access to general practitioner (GP) services, to a range of other health services and evidence-based nursing care was provided.

These are discussed further in the report. No actions were required from 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 Quality 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 was satisfied that the statement of purpose, which had recently been updated, met the requirements of the Regulations. It accurately described the service that was provided in 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 inspector was satisfied that the quality and safety of care delivered to residents was monitored and developed on an ongoing basis. Effective management systems were in place to support and promote the delivery of safe, quality care services.

Audits were being completed on several areas such as care planning, falls and

medication management. The results of these audits were shared with all staff at team meetings.

There was evidence of improvements being identified following these audits and interventions put in place to address them. For example following a catering audit, the range of snacks available to residents had been increased and the inspector saw that this included cheese and crackers, biscuits, sandwiches, scones and fruit.

Data was also collected each week on the number of key quality indicators such as the use of psychotropic medication, the use of restraint and the number of wounds, to monitor trends and identify areas for improvement. The inspector noted that extensive ongoing work was being carried out on the use of psychotropic medications and it was noted that there was an overall reduction in use.

Resident and relative surveys were completed on a regular basis to measure satisfaction with the service provided. The inspector saw that the results of these were analysed. Required actions were completed. For example one relative had expressed dissatisfaction with wheelchairs available for use when a resident was being transferred to hospital and the inspector saw that transfer wheelchairs had been purchased.

There was evidence that the annual review as required by the Regulations was carried out. The inspector read the completed copy for 2015 and saw that this included issues such as a review of training provided and bed occupancy as well as the results of audits completed during the year. The inspector also noted that a resident friendly version had been compiled and was made available to residents and discussed at residents' meetings.

There was a clearly defined management structure that identified the lines of authority and accountability. The organisational structure was defined in the statement of purpose.

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:

The inspector read a sample of completed contracts and saw that they met the

requirements of the Regulations. They included details of the services to be provided and the fees to be charged. It had recently been updated to include additional details and breakdown of fees charged.

The inspector read the Residents' Guide and noted that it met the requirements of the Regulations. It had recently been updated to include contact details for the Ombudsman and was available to all residents.

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 nurse and has the required experience in nursing older people.

The person in charge had maintained her continuous professional development having previously completed an MSc in advancing healthcare practice, a BSc in Nursing, a certificate course in nurse prescribing, and additional gerontology and management courses. She continued to attend training and seminars relevant to her role such as end of life care, nutrition and dementia and medication management. She also had plans in place to attend further training in dementia care.

During the inspection she demonstrated her knowledge of the Regulations and the Standards and outlined plans in place to further improve the service. The person in charge was observed frequently meeting with residents, visitors and staff throughout the days of inspection and it was obvious that she was well known to all.

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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the records listed in Part 6 of the Regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval as required by the Regulations. The person in charge was aware of the periods of retention for the records which were securely stored.

The designated centre had in place the written operational policies required by Schedule 5 of the Regulations. Adequate insurance cover was also in place.

All information requested by the inspector was readily available.

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 was aware of the regulatory requirement to notify the Authority should the person in charge be absent for more than 28 days. To date this had not been necessary.

The clinical nurse manager deputises for the person in charge in her absence. The inspector interviewed this person and found that he was aware of his responsibilities and had up to date knowledge of the Regulations and Standards.

Judgment:

Compliant

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Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

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

Findings:
The inspector found that measures were in place to protect residents from being harmed or abused.

Staff had received training on identifying and responding to elder abuse. There was a policy in place which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse. The person in charge and staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures. Plans were in place to incorporate the national policy and procedures on safeguarding vulnerable persons at risk of abuse. The inspector saw that a meeting was planned with the relevant people.

Improvements were noted around the use of bedrails and usage was now low. The inspector noted that appropriate risk assessments had been undertaken. Staff spoken with confirmed the various alternatives that had been tried prior to the use of bedrails. Safety checks were completed hourly when in use. Additional equipment such as low beds had also been purchased to reduce the need for bedrails and a bed replacement plan was in place.

Because of their conditions, some residents had episodes of behaviour that challenged. The inspector saw that specific details such as possible triggers and interventions were recorded in their care plans. Staff spoken with were very familiar with appropriate interventions to use. All staff had received training. During the inspection staff approached residents with behaviour that challenged in a sensitive and appropriate manner and the residents responded positively to the techniques used by staff. The inspector saw that additional support and advice were available to staff from the psychiatry services.

Residents' monies continued to be managed in a safe and transparent way, guided by a policy.

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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the health and safety of residents, visitors and staff was sufficiently promoted and protected.

There was a health and safety statement in place. Environmental risk was addressed with health and safety policies implemented which included risk assessments on such areas as waste management. The risk management policy met the requirements of the Regulations.

Robust procedures for fire detection and prevention were in place. Fire extinguishers, emergency lighting and a fire detection system were in place and the inspector reviewed the service records which indicated that all received maintenance at the required intervals.

An inspection of the fire panel and escape routes was completed daily. The inspector noted that fire alarm system was in working order and fire exits were unobstructed.

Fire drills were carried out at frequent intervals and at various times of the day and evening. Staff spoken with had attended training and all were clear on the procedure they would follow in the event of a fire. Additional equipment had been provided to use for residents who liked their bedroom doors to remain open. This was noise activated and released the door if the fire alarm sounded.

Each resident had a Personal Emergency Evacuation Plan in place. This contained specific details such a description of the resident, individual comprehension of the fire alarm and how much assistance would be required in the event of an evacuation.

An emergency plan was in place which identified what to do in the event of fire, flood, loss of power or other possible emergency. Alternative accommodation for residents was available if a total evacuation was necessary.

All staff had attended the mandatory training in moving and handling. This training had included the use of hoists and slings and the inspector saw staff using this equipment appropriately.

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:

The inspector was satisfied that medication management practices were safe.

The inspector read a sample of completed prescription and administration records and saw that they were in line with best practice guidelines. Written evidence was available that three-monthly reviews were carried out. Support and advice were available for the supplying pharmacy. In addition the inspector noted that the pharmacist was available should residents or relatives require advice.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the change of each shift. The inspector checked a sample of balances and found them to be correct.

A secure fridge was provided for medications that required specific temperature control. The temperature which was within acceptable limits was monitored daily. There were appropriate procedures for the handling and disposal of unused and out-of-date medicines.

Regular audits were carried out. As a result of these, the person in charge was sourcing a more robust system for recording medication administration. The inspector met the pharmacist who outlined the work underway to trial computerised administration records as a potential way of improving the current system.

The inspector also noted recent changes to the practice of transcribing medications to ensure that this was in line with professional guidelines.

All nursing staff had received medication management training.

Judgment:

Compliant

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and,

where required, notified to the Chief Inspector.

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 a record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector.

This had been identified as an area for improvement at the last inspection and the inspector saw that all relevant incidents had been notified to the Chief Inspector by the person in charge.

The inspector saw that all relevant details of each incident were recorded together with actions taken. The person in charge had developed a monitoring system and all incidents were analysed for the purposes of learning.

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 was satisfied that each resident's wellbeing and welfare was maintained by appropriate evidence-based nursing, medical and allied health care.

The inspector saw that the arrangements to meet each resident's assessed needs were set out in individual care plans. Relatives and residents confirmed their involvement at development and review. In the questionnaires returned, relatives also commented that the staff would ring them regularly or if there was any change in the residents' condition or treatment plans.

The inspector reviewed a selection of care plans. There was evidence of a pre-assessment undertaken prior to admission for residents. After admission, there was a documented comprehensive assessment of all activities of daily living, including mobility, nutrition, communication, personal care, mood and sleep. There was evidence of a range of appropriate assessments being undertaken on a regular basis such as falls risk assessments and assessment for the risk of pressure ulcer development.

The inspector reviewed the management of clinical issues. Wound management was seen to be in line with national best practice. Wound management charts were used to describe the cleansing routine, dressings used and the frequency of dressing changes. The dimensions of the wound were documented and photographs were used to evaluate the wound on an ongoing basis. There was evidence of appropriate input being sought from specialist tissue viability services.

The inspector read a care plan for a resident who suffered from epilepsy and was satisfied that it contained sufficient detail to guide staff.

On going work was being undertaken on the management of falls. Regular staff meetings were held to discuss plans to minimise the occurrence. The inspector saw that following a fall, the resident was reassessed. A post fall review was undertaken including environmental and medication reviews. In addition each fall was analysed to identify any possible patterns or trends.

Weight management is discussed in more detail under Outcome 15.

Residents were satisfied with the service provided. Residents had access to GP services and out-of-hours medical cover was provided. A range of other services was available on referral or privately including speech and language therapy (SALT) and dietetic services. A physiotherapist visited the centre on a regular basis for both group and individual sessions. The person in charge discussed efforts underway and meetings planned to ensure that residents had access to occupational therapy (OT) services. Chiropody, dental and optical services were also provided. The inspector 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.

Residents were seen enjoying various activities during the inspection and this is discussed in more detail under Outcome 16.

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

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 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.

Killure Bridge, a single story building, consists of 62 single en suite bedrooms, 5 single bedrooms and 6 twin rooms. The bedrooms were comfortable and had bright, fresh curtains and bed linen. Many of the residents had personalised their bedrooms with family photographs, pot plants and favourite ornaments.

Adequate screening was available in the shared rooms. Call bells were provided in all bedrooms and communal areas. The person in charge confirmed that the response time by staff to the call bells was monitored on an ongoing basis.

There were two large comfortably furnished day rooms and a number of smaller rooms were also available including the library and oratory.

The main dining room was located beside the kitchen and a second dining room was also available. An additional kitchenette was located on one wing for residents and relatives to make a cup of tea or a snack at any stage.

Adequate toilet and bathroom facilities were available. The corridors were wide, had grab rails, were clutter free and allowed residents plenty of space to walk around inside.

All areas were very well maintained. Appropriate assistive equipment was provided to meet residents' needs such as hoists, seating, specialised beds and mattresses.

The inspector found that a high level of cleanliness and hygiene was maintained throughout the building. Staff spoken with were knowledgeable as regards infection control measures and the safe use and storage of cleaning chemicals and disinfectant agents. One questionnaire returned referred to a smell near the toilets which were regularly used by residents. The person in charge was aware of this and additional cleaning hours had been put in to ensure that this was controlled.

Staff facilities were available including separate facilities for catering staff.

Adequate arrangements were in place for the disposal of general and clinical waste. The provider discussed plans afoot to provide a more secure area for the skips while awaiting collection.

There were three internal courtyards and the provider had plans in place to put an appropriate smoking area for residents in the smaller one. He described the current difficulty of ensuring adequate ventilation in the existing smoking room.

The inspector noted that the driveway around the building was being attended to and made safe following the poor weather conditions.

There was a lake with several water features in the garden area to the front of the building. This was a popular spot with the residents and relatives as there were also geese, ducks and chickens living there.

Ample parking was available at the front of the building.

Judgment:

Compliant

Outcome 13: Complaints procedures

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The complaint's policy was in place and the inspector noted that it had been amended and met the requirements of the Regulations. The complaint's procedure was on display in the centre. Residents, relatives and staff who spoke with the inspector or completed questionnaires knew the procedure if they wished to make a complaint.

Complaints and feedback from residents were viewed positively by the provider and the person in charge and used to inform service improvements. A complaints' log was maintained and the inspector saw that it contained details of the complaints, the outcome of the complaint and the complainants' level of satisfaction with the outcome.

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:

The inspector was satisfied that caring for a resident at end-of-life was regarded as an integral part of the care service provided. This centre had undertaken extensive improvements as part of the thematic inspection process and in response to the training provided by the Authority.

The inspector found that there were care practices and facilities in place so that residents received end-of-life care in a way that met their individual needs and wishes. The inspector also saw that residents' dignity and autonomy were respected.

Having reviewed a sample of care plans the inspector was satisfied that each resident or their relative was given the opportunity to outline their wishes regarding end of life. Very specific information was recorded including their wishes regarding transfer to the hospital and other preferences.

The inspector also noted that the centre had developed an information leaflet for relatives which gave practical information on such issues as how to get a death certificate while also providing useful advice on bereavement.

The end-of-life policy was comprehensive, evidence-based and the inspector were satisfied that it guided practice. The person in charge stated that the centre received support from the local palliative care team if required.

There was a procedure in place for the return of possessions and specific handover bags were in use.

Staff discussed with the inspector other initiatives that were underway within the centre. Staff had linked with the hospice friendly hospital (HfH) initiatives such as the use of the spiral symbol to alert others to be respectful whenever a resident was dying. In addition the inspector noted that an annual remembrance mass was held each November and bereaved relatives were invited to attend.

The person in charge said that a review and reflection was carried out by staff after the death of a resident to review the care provided and identify if any improvements were necessary.

The Authority received a questionnaire from a relative who described the care and support given to the resident and relatives at that difficult time. She described the kindness and compassion shown to the family and described the 'overwhelming' support provided.

Judgment:

Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that each resident was provided with food and drinks at times and in quantities adequate for his/her needs. Food was properly prepared, cooked and served, and was wholesome and nutritious. Assistance was offered to residents in a discreet and sensitive manner.

The centre continued with the work undertaken as regards improvements in meals and mealtimes. Validated nutrition assessment tools were used to identify residents at potential risk of malnutrition or dehydration on admission and were regularly reviewed thereafter. Weights were also recorded on a monthly basis or more frequently if required. The inspector saw that records of residents' food intake and fluid balance were accurately completed when required. Food diaries were completed for residents who appeared to have reduced appetites and records showed that some residents had been referred for dietetic review. The treatment plan for the residents was recorded in the residents' files. Medication records showed that supplements were prescribed by a doctor and administered appropriately.

The inspector saw that residents had been reviewed by a speech and language therapist if required. The inspector read the treatment notes and observed practices and saw that staff were using appropriate feeding techniques as recommended.

The inspector visited the kitchen and noticed that it was well organised and had a plentiful supply of fresh and frozen food which was stored appropriately. The chef on duty discussed the special dietary requirements of individual residents and information on residents' dietary needs and preferences. The catering staff discussed on-going improvements in the choice and presentation of meals that required altered consistencies. The inspector saw that residents who required their meal in an altered consistency had adequate choices available to them.

The inspector read where the menu had been reviewed by a dietician and was described as nutritionally complete.

The inspector saw that the dining experience was pleasant. Tables were nicely laid and

meals were appetisingly presented. Menus were on display in the front hall and on each table. Pictorial menus were also available.

The inspector saw that snacks and refreshments were available at all times. Water dispensers were available in the day rooms. The inspector saw residents frequently offered a choice of drinks. Residents spoke very highly of the catering staff and praised the selection of homemade desserts and cakes. The inspector saw that suggestions made by residents at the committee meetings had been taken on board.

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 residents were consulted about how the centre was run and were enabled to make choices about how to live their lives.

There was an extensive range of activities available within the centre and a programme of events was on display. Staff spoken with confirmed that the programme was based on their assessed needs and capabilities. Residents spoken with confirmed how much they enjoyed the activities in particular the music sessions and the arts and crafts.

The system in place was that each day a staff member was assigned the role of activity coordinator. This was in addition to the activity programme provided by external people. The inspector spoke to a health care assistant who outlined additional training she had undertaken to enable her to provide specific activities.

Records were maintained but staff discussed plans to introduce new documentation to ensure that all residents were offered the opportunity to attend the daily sessions.

Residents' civil and religious rights were respected. The person in charge confirmed that arrangements were in place should any resident wish to vote at the upcoming elections. As before in-house polling will be available.

Church of Ireland services and mass took place when clergy were available and Eucharistic ministers visited weekly. Residents also had the opportunity to attend mass in the community if they wished. The provider and person in charge said that residents from all religious denominations were supported to practice their religious beliefs.

Several residents and relatives described how they felt they were treated with respect and dignity. One resident said nothing ever happens without staff consulting him. The inspector saw evidence of this in the way staff spoke with and provided care to residents.

A residents' committee had been established. All residents were invited to attend. The inspector read the minutes of some of these meetings and noted that suggestions made by residents had been addressed by the person in charge. Two resident representatives had been invited to attend. The inspector met with one lady during the inspection and she outlined how she visited the centre on a daily basis and met with the residents. If she was made aware of any issues she brought this to the person in charge. The person in charge also said she spoke individually with each resident everyday she was on duty making sure that everything was ok.

Although still in its infancy, residents had access to independent advocacy services and the inspector saw contact details on display in the centre.

Where possible community involvement was encouraged. Some residents entered the local art competitions and some residents also attended various day services in the community. The centre itself also fostered links and were involved in initiatives such as the local spring clean with relatives and neighbours and then back to the centre for refreshments with the residents.

Judgment:

Compliant

***Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.***

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Residents could have their laundry processed in the centre. Individual staff members were given responsibility for named residents' clothes. This including collecting them from the rooms, washing, ironing and returning to the room. The person in charge

confirmed that the system worked well.

In addition a staff member was allocated to work in the laundry to manage the remaining items such as bed linen and towels. The inspector visited the laundry which was organised and well equipped. Staff spoken with were knowledgeable about the different processes for different categories of laundry.

There was adequate space for residents' possessions including a lockable space. Residents and relatives spoken with confirmed that they were happy with the service provided.

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:

The inspector was satisfied that there were appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services and that all staff were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

The inspector examined a sample of staff files and found that all were complete. Up to date registration numbers were in place for nursing staff. The inspector reviewed the roster which reflected the staff on duty.

The provider and person in charge promoted professional development for staff and were committed to providing ongoing training to staff. A training matrix was maintained. Training records showed that extensive training had been undertaken and staff spoken with confirmed this. This included training on wound care, pressure area care and nutrition and dementia care and the management of behaviours that challenge.

The inspector noted that staff appraisals were undertaken on a yearly basis and the

results of these were used to plan a training programme. The inspector also saw that the person in charge provided on going supervision to staff. She worked a variety of shifts during the year and also carried out unannounced visits to the centre out of hours and at weekends to provide additional supervision as required.

Several volunteers and outsourced service providers attended the centre and provided very valuable social activities and services which the residents said they thoroughly enjoyed and appreciated. These had been vetted appropriate to their role. Their roles and responsibilities were set out in a written agreement as required by the 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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