



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Kylemore House Nursing Home
Name of provider:	Kylemore Nursing Home Limited
Address of centre:	Sidmonton Road, Bray, Wicklow
Type of inspection:	Unannounced
Date of inspection:	06 August 2020
Centre ID:	OSV-0000055
Fieldwork ID:	MON-0029672

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Kylemore House Nursing Home is located in a residential area in Bray. The designated centre is a short distance from the sea front, DART train station, shops and other amenities. Kylemore House nursing home accommodates both female and male residents over the age of 18 years. Residents' accommodation is provided over two floors in 12 single and 13 twin bedrooms. One twin bedroom has full en suite facilities. En suite toilet and wash basin facilities are provided in 10 single and seven twin bedrooms. A wash basin is provided in two single and five twin bedrooms. Bedrooms on the first floor are accessible by stairs or a stair lift. A variety of communal areas are available to residents on both floors. A dining room, two sitting rooms, a visitors' room and an enclosed courtyard area is provided on the ground floor. A sitting/dining room and balcony area is available on the first floor.

The service employs nurses, carers, activity, catering, household, administration and maintenance staff and offers 24 hour nursing care to residents. Kylemore House nursing home caters for residents with long-term, convalescence, respite, palliative and dementia care needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	33
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 6 August 2020	10:00hrs to 14:30hrs	Catherine Rose Connolly Gargan	Lead
Thursday 6 August 2020	10:30hrs to 14:20hrs	Carol Grogan	Support

What residents told us and what inspectors observed

Eleven residents spoke the inspectors and they described their lives and their experiences living in the centre during the COVID-19 pandemic. They confirmed that they had been kept informed about the COVID-19 virus, the visiting arrangements and the infection prevention and other safety measures in place to protect them. One resident told the inspectors that staff remind him to carry out hand hygiene if he forgets to do so. He was happy with this arrangement and said he was reassured by all the infection prevention measures in place.

Residents were very happy in the centre and praised the care and attention that staff gave them. Residents valued staff in the centre for their good humour, patience and dedication to ensuring they were content and had the medical and psychological support they needed. One resident said that staff were always in 'good form' and she could see from their eyes that they were always smiling. She said that she knew staff were worried by the virus but they never communicated their worries. Several residents told inspectors that staff were responsible for the upbeat atmosphere in the centre and that they enjoyed living there as a result. The communal rooms and dining rooms had been organised to accommodate social distance and were in use throughout the day.

Social activities were continued throughout the COVID-19 pandemic which several residents said was something they really appreciated. Residents were observed to be enjoying the chair exercise activity in the sitting room on the first floor and the horoscope reading in the ground floor sitting room. There was lots of laughter among the residents during the chair exercise and one resident broke into song. Residents on the ground floor were enjoying listening to the personality traits of persons born under the different star signs and this generate conversation and comment among them.

Two residents shared their experiences of not having visitors as being difficult for them but said that their lives were nearly back to normal again, now that visiting had resumed. Some residents said that technology they were helped by staff to use helped them cope and being able to see their families remotely during their conversations with them was a 'godsend'. They also said that letters they sent to their families from the centre and the letters they received maintained important links for them.

Inspectors observed that residents were comfortable and content in their environment. Residents, including with dementia were observed walking at will around the centre and out onto the balcony or the courtyard on the ground floor. Two residents told inspectors that they liked to sit out on the balcony on sunny days and were wearing sunhats on the day of inspection. Three residents confirmed that they liked to sit in the sitting room located mid-way into the centre as there was lots going on there. They also said they preferred to eat their meals in the dining room.

Two residents had a routine where they sat in the front sitting room in the afternoons each day together doing a crossword puzzle.

Residents feedback on the food served was very positive with three residents describing the chef and catering staff as being very approachable and willing to make snacks and dishes they particularly liked if they did not like anything on the menu. The daily food choices were described as very good. One resident told inspectors that she was a vegetarian and the meals prepared to meet her needs were varied and tasted 'really good'. Two residents were provided with modified diets and they confirmed that their food was to their liking.

There was good emphasis on person centred care observed and several residents told inspectors about the specific arrangements in place to meet their needs. Residents knew that they could make a complaint if they were dissatisfied with any aspect of the service they received. One resident said the person in charge was the person she would talk to because she always 'makes time to listen' and will always address any issues quickly.

Capacity and capability

Overall, inspectors found that the centre was well managed with residents receiving good quality care. This inspection was unannounced to assess ongoing compliance with the regulations and standards. In preparation for the inspection, inspectors reviewed notifications, unsolicited information received and the compliance plan submitted after the last inspection in September 2019. On the day of the inspection, inspectors found a high level of compliance against the regulations reviewed and the provider actions as set out in the compliance plan from the last inspection were satisfactorily completed.

There was evidence of strong leadership from management in the centre and the governance and management structure ensured there was good oversight of the quality and safety of the service provided to residents. The provider representative and the person in charge were experienced and were present in the centre on a day-to-day basis. In addition, a manager and acting clinical nurse manager supported the provider and person in charge. This arrangement ensured timely access to key personnel for residents and their relatives regarding their queries and any issues that arose including with the arrangements in the centre during COVID-19. The registered provider and person in charge also provided weekend on-call cover ensuring that a member of the management team was available to respond to issues promptly.

Monthly governance and management meetings with the provider representative in attendance were continued through the restrictions in place to prevent a COVID-19 outbreak in the centre. This ensured consistent oversight by the provider of the quality and safety of the service and ongoing review to ensure residents were not negatively impacted by the restrictions in place as recommended by the HPSC

guidance. The management team ensured that residents' care and quality of life was focused on person-centred principles and ensured their wishes were prioritised, respected and central to decisions made to keep them safe from COVID-19 infection whilst adhering to all health protection and surveillance centre (HPSC) guidance and standards. No incidents of COVID-19 infection in the centre had occurred up to the time of this inspection.

The provider and person in charge ensured that staff were supported through updated policies and procedures. Policies had been updated in light of COVID-19. For example, there was an emergency procedure in place which clearly details the accountable people and responsibilities of staff. The infection prevention and control and risk management procedures were also updated taking into account the HPSC guidance. The person in charge had completed the contingency assessment issued to the centre by the Health Information and Quality Authority (HIQA).

The provider, person in charge and staff sought regular feedback from residents and families had established systems in place to ensure good communication with residents and their families to alleviate any fears or anxieties they experienced. Complaints to the centre were low and examination of the records of complaints confirmed that all complaints were investigated and managed in line with the centre's local policy and procedures.

There were clear lines of accountability and responsibility in the centre. Staff knew who to report to and told inspectors that they were well supported by management. All staff were facilitated to complete mandatory training requirements and professional development training to provide them with knowledge and skills to provide a good standard of care and support to residents. Staff training in infection prevention and control relevant to COVID-19 was prioritised and staff practices were effectively monitored.

There was adequate staffing resources provided to meet residents' needs to a good standard. The provider redeployed staff following closure of the adjacent day service due to COVID-19. This action facilitated increased cleaning and activity staffing resources in the centre. The increased activity staffing resources helped to alleviate the impact on residents of restrictions on visiting by their families and friends. A recruitment and induction procedure was also in place and the provider ensured that all staff had completed Garda Vetting before commencing working in the centre as per the National Vetting bureau (Children and Vulnerable Persons) Act 2012.

Regulation 15: Staffing

The staffing numbers and skill mix were appropriate to continue to meet the support requirements of residents in line with the statement of purpose. Adequate contingency arrangements had been put in place to limit staff movement between the units and ensure that each area was individually staffed. Arrangements were in place to ensure that only dedicated staff were providing care to residents who were

newly admitted to the centre, or who were suspected of having COVID-19 symptoms.

The staffing rosters evidenced that the centre has a stable workforce and this had a positive impact on resident care needs. There was a minimum of two registered nurses on duty at all times from 08:00hrs to 22:00hrs, as confirmed by the person in charge, the statement of purpose and the staff roster examined by inspectors. All nurses working in the centre had a valid registration with the Nursing and Midwifery Board of Ireland (NMBI). The provider and person in charge had contingency arrangements in place in the event of unexpected leave.

Judgment: Compliant

Regulation 16: Training and staff development

A staff training matrix record was maintained by the person in charge to assist with monitoring and tracking mandatory and other training done by staff. The centre's training records were made available to inspectors and confirmed that staff were facilitated to attend up-to-date mandatory training in safeguarding and protection of vulnerable adults, safe moving and handling procedures and fire safety training. Staff were also facilitated to attend professional development training informed by the needs of residents and annual appraisals completed by the person in charge.

The person in charge ensured that all staff working in the centre had attended training in infection prevention and control that focused on timely identification and care of residents with COVID-19 infection, hand hygiene, donning and doffing of personal protective equipment (PPE) procedures and public health guidance to prevent and control COVID-19 infection. The provider had also arranged hand hygiene training for staff from a microbiologist. Staff spoken with by inspectors said this training was very beneficial.

All staff were supervised on an appropriate basis according to their roles and were recruited, selected and vetted in accordance with best practice and legislative requirements.

Judgment: Compliant

Regulation 21: Records

Inspectors examined a sample of four staff files and they contained a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable

Persons) Act 2012. All other required information as outlined in schedule 2 of the regulations was available in the files examined.

A record of restrictive equipment and procedures was appropriately maintained. Daily nursing records were maintained and contained detail regarding each resident's health, wellbeing and treatments given.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a well-established management team with a clearly defined governance and management structure that identified lines of authority and accountability. The registered provider maintained good oversight of the quality and safety of the service provided and ensured that there were adequate resources allocated to meet the needs of residents.

The centre's leadership and management ensured that care and services were person-centred as described in the centre's statement of purpose. As a result a person-centred ethos was evident in care and supports provided to residents.

Management oversight of the service was effective with audit and review systems in place to monitor and promote the delivery of safe, quality care services and residents' quality of life in the centre. Where areas for improvement were identified, specific and time-bound action plans were put in place and completed. Proactive risk management and quality assurance frameworks were also in place. A preparedness plan was developed to inform the centre's response to COVID-19. The inspectors discussed the need to keep the centre's preparedness plan updated in line with revised national guidance as it is published, with the provider representative and person in charge.

An annual review report on the quality and safety of the service and quality of life for residents had been completed in consultation with residents for 2019.

Judgment: Compliant

Regulation 24: Contract for the provision of services

There was evidence of individual contracts for each resident and signatory agreement by residents or a family member on their behalf. The contracts seen by inspectors took account of all required information including the terms and conditions of residency and services to be provided.

Since the last inspection, the fee payable by residents in receipt of the Fair Deal scheme, additional fees to be charged for optional services and the bedroom occupied or the terms relating to the bedroom were detailed in the contracts for provision of services examined.

Judgment: Compliant

Regulation 3: Statement of purpose

The centre's statement of purpose contained the information as required by Schedule 1 of the Regulations and accurately described the service provided. The centre's statement of purpose detailed the arrangements in place where only residents who are independently mobile are accommodated in the first floor 'Victoria wing' in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of accidents and incidents involving residents in the centre was maintained. All incidents of serious injury to residents were notified to the Health Information and Quality Authority (HIQA) as required within the specified regulatory timescales. Notification of other events involving residents including quarterly reports were submitted as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

A policy was available to inform the management of complaints in the centre. The provider representative was the nominated person to ensure all complaints were appropriately responded to and that all records were maintained as required and the policy was updated with this information since the last inspection in September 2019. A summary of the centre's complaints procedure was displayed and included the contact details for the Ombudsman and revision of the information provided regarding the Health Information and Quality authority.

The person in charge was the person designated to manage complaints regarding the service provided. All complaints were reviewed at the centre's governance and management meetings, attended by the provider representative. There were four

complaints in progress and were at various stages of resolution. A record of all complaints received was maintained and included details of investigations. The records confirmed that the outcomes of investigations were communicated to complainants and their satisfaction was recorded. Where complainants were not satisfied with the outcome of investigation, an independent appeals process was available.

Residents who spoke with the inspectors confirmed that they were aware of the complaints procedure and said they would express their dissatisfaction or concerns to the person in charge. An independent advocacy service was available to assist residents as appropriate.

Judgment: Compliant

Regulation 4: Written policies and procedures

The required policies and procedures outlined in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were available and were specific to the centre. The centre's policies and procedures were reviewed and updated at intervals not exceeding three years to ensure the information within the policies reflected best practice information.

Judgment: Compliant

Quality and safety

The provider, person in charge and staff team were committed to keeping residents and staff in the centre free of COVID-19 infection. Inspectors found good infection control precautions in line with guidance published by the health protection and surveillance centre (HPSC) lines. Arrangements were in place to keep staff informed of this guidance and to ensure it was rigorously followed by staff. There was a plentiful supply of PPE available and was appropriately used by staff. Signage was in place throughout advising of COVID-19 precautions. Equipment in use was noted to be spotlessly clean and there was a cleaning schedule in place to ensure that frequently touched surfaces were cleaned at regular intervals. Clinical waste was appropriately segregated and securely stored awaiting removal by the centre's waste management company. An external provider was contracted to launder residents' clothing and the centre's linen supplies.

Staff were trained in detecting COVID-19, and had been provided with up-to-date information in relation to the current symptom profile of the virus. The person in charge and some nursing staff had been trained to take viral swabs and there was a

supply in the centre so that any resident with symptoms could have a test without delay. Resident and staff observations including temperature checks were recorded daily, as part of the clinical oversight arrangements in the centre to ensure that any potential symptoms of COVID-19 were detected at the earliest opportunity. As part of the provider's preparedness planning actions, they painted all areas of the centre to ensure effective cleaning of all surfaces.

The quality and safety of care provided to residents was of a good standard and was enhanced by the positive multidisciplinary working arrangements between the centre, primary care and specialist services. A hospital outreach frailty of older age medical and nursing team supported residents' GPs with caring for residents in the centre. This multidisciplinary on-site support from the acute services negated need for some residents' hospital admissions. Residents' care plan documentation reviewed by inspectors demonstrated that residents needs had been comprehensively assessed and care provided to meet residents' needs was respectful of their personal choices. The sample of five care plans reviewed by inspectors provided good assurances that a high standard of evidenced based nursing care was provided to residents. These care plans were regularly reviewed and updated in consultation with residents and their relatives and their contributions were recorded.

Residents had opportunities to participate in meaningful varied activities that were appropriate to their interests and capabilities. The centre's provider company runs a day service on the same campus. Closure of the day service since March 2020 enabled the provider to redeploy day service activity staff to provide additional activities for residents. This action helped to alleviate the impact visiting restrictions on residents during this time. A daily exercise session facilitated as part of the activity programme helped residents to retain their mobility and strength.

The provider had taken measures to safeguard residents from being harmed or suffering abuse. All staff had received training in the protection of vulnerable people to ensure that they had the knowledge and the skills to care for residents in an informed respectful way that ensured their dignity was respected.

The individual and collective needs of residents were met on this inspection. The centre's residents' dependency profile had reduced since the last inspection in September 2019 and inspectors found that the layout of the centre building with the resident dependency profile at the time of this inspection suited and optimised the quality of life of residents living there. For example, most of the residents were able to access the dining room independently and could independently choose where they spent their time. Residents responsive behaviours were well managed and they were well supported by staff. Residents' responsive behaviours did not negatively impact on the quality of life of other residents in the centre.

Visits to residents had recently resumed in line with HPSC guidance on visits by family and friends to residents in residential care facilities.

Regulation 11: Visits

In line with revisions to the Health Protection and Surveillance (HPSC) guidance, scheduled visiting by residents' families had resumed and visits were scheduled over seven days each week. Residents were supported to meet a designated family member, while socially distancing and wearing a face covering, in the centre's visitor's room but mostly in a sitting room located immediately inside the centre's entrance door. The provider had made exceptions to visiting restrictions since March 2020 to facilitate relatives to visit on compassionate grounds such as, when a resident was receiving end of life care or when a resident became distressed at not seeing their loved ones. This arrangement ensured these residents could see their families in a controlled and safe way. Some residents had availed of scheduled window visits so they could see their family.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were provided with adequate storage space for their clothing and personal belongings. Residents were supported to access and maintain control over their property. A record of each resident's possessions was maintained to ensure risk of lost items was mitigated.

The provider contracted the services of an external provider to launder residents' personal clothing and residents' clothes were observed by inspectors to be clean and well cared for. Residents expressed their satisfaction of regarding this service. Residents' clothing was discretely labeled to ensure safe return to each resident.

Each resident was provided with a lockable space in their bedroom since the last inspection in September 2019, for secure storage of their valuable possessions as they wished.

Judgment: Compliant

Regulation 13: End of life

A review of a sample of three residents' care plans demonstrated that each resident had an end-of-life care plan in place which had been recently reviewed and updated in consultation with residents and their families as appropriate. Residents' end-of-life care plans recorded details regarding each resident's physical, psychological and spiritual care needs. This information also included residents' specific preferences

and wishes regarding where they wished to receive end-of-life care and arrangements for their funeral and final resting place.

Palliative care services were available remotely to advise on managing and supporting residents' symptoms and comfort measures. Anticipatory prescribing was in place to ensure residents were provided with timely effective pain and symptom management if required.

Some residents and their families made decisions that were seen to be comprehensively recorded as advanced directives in their care documentation. There was clear information recorded that gave assurances that residents and their families, as appropriate were involved in the advanced decisions made regarding their care. Regular reviews were facilitated to ensure residents had opportunity to change their minds if they wished.

Residents families were kept informed and facilitated with opportunities to be with residents when they became very ill including during the COVID-19 restrictions in the centre.

Judgment: Compliant

Regulation 17: Premises

Inspectors found the centre was comfortably furnished and all parts of the centre and furniture were in good repair. Call bells were fitted in all areas used by residents including an emergency call bell in the smoking area on the first floor balcony.

Handrails were fitted in showers and toilets to promote residents' safety and independence. Storage facilities were provided and all equipment used by residents was stored appropriately. Commodes were not stored in residents' bedrooms when not in use.

There were two communal sitting rooms on the ground floor. Inspectors observed that residents chose to rest in the smaller sitting room. As highlighted on previous inspections, the location of the windows in this room is in close proximity to a perimeter wall and as such, limited incoming natural light. The provider optimised the lighting in this room with an electrically lit sky stain glass effect in the ceiling and countryside scenes were fitted onto the walls outside two windows. Only one resident could not independently leave this room and arrangements were in place to assist and support them to leave this room as they wished. Another resident whose bedroom was upstairs told one of the inspectors she preferred the downstairs sitting room.

A larger sitting room and a dining room were located at a lower floor level on the ground floor accessible by three steps. Most residents on the ground floor choose to have their meals in the dining room which they accessed independently. A stair-lift

was fitted on these steps to assist residents if necessary. At the time of this inspection, inspectors were told that no residents used this stair-lift.

Judgment: Compliant

Regulation 26: Risk management

The centre's risk management policy was up to date and included identification and assessment of risks throughout the centre. Risk management in the centre was a standing agenda item reviewed at all governance and management meetings which were attended by the provider representative.

The centre's risk management procedures included a risk register that detailed the centre's clinical, environmental and chemical hazards, risk ratings, the controls implemented to mitigate levels of assessed risks, owner of each risk and date reviewed. There were several stairs with varying number of steps throughout the centre and all were fitted with chair lifts. The risk register included the risks associated with steps and stairs in the centre and was updated since the last inspection to specify the level of risk and measures in place to mitigate risks posed by individual stairs in the various parts of the centre. For example, only residents who were mobile were accommodated in the Victoria wing on the first floor. Stairs that posed a risk for individual residents due to their mobility support needs or risk of falling had individual risk assessments completed with controls specified to ensure their safety needs were met.

A designated smoking area for residents was provided on the balcony. Residents who smoked had smoking risk assessments completed and vulnerable residents were supervised as necessary. A fire blanket and extinguisher were located close by and since the last inspection, an emergency call bell was provided in this area to ensure staff supervising residents or residents themselves could summon assistance in the event of an emergency.

A health and safety staff representative was appointed for the centre. The centre's health and safety representative carried out environmental audits and was proactive in ensuring all environmental hazards were identified with putting sufficient controls in place to mitigate assessed risk levels.

All accidents and incidents that occurred in the centre were reviewed and discussed at the governance and management meetings. Areas for learning were identified and communicated to staff through their daily handover reports and on staff notice boards.

Judgment: Compliant

Regulation 27: Infection control

The centre premises was visibly clean, free of clutter and in a good state of repair. Hand sanitizers were placed strategically to ensure staff were accessing and using them regularly in line with current best practice guidance. Hand sanitizer units were in place inside the door of all bedrooms and each communal rooms, in addition to dispensers placed at intervals along corridors and in each room. Increasing the frequency of hand sanitizer units along corridors was discussed by inspectors with the provider representative to ensure these units were clearly visible and accessible to visitors to the centre. Information posters and markings on the floor to assist and remind all persons to abide by social distancing recommendations were in place.

Systems were in place to ensure personal protective equipment (PPE) was accessible and appropriately used by staff in line with current guidance. Inspectors observed staff using PPE and completing hand hygiene appropriately on the day of this inspection. There were systems in place to ensure staff minimised their movements around the centre and the rosters showed that staff worked in either the ground or first floor only.

There were good cleaning processes in place including for floor cleaning and decontamination of frequently touched surfaces. Inspectors observed staff decontaminating equipment between use and adhering to infection control guidelines. Inspectors observed that all equipment used by residents was cleaned to a high standard. Cleaning staff, who spoke with the inspectors were aware of their roles and responsibilities and the cleaning processes necessary to ensure residents were protected from risk of infection.

Chairs in the residents' sitting rooms and dining areas were arranged to facilitate social distancing. Staff were observed to gently prompt residents regarding hand hygiene, cough and respiratory etiquette. Inspectors also observed staff encouraging and assisting residents with their hand hygiene including before eating their meals.

Staff temperatures were recorded twice daily and staff were aware of the local policy to report any signs of illness to their line manager. A staff uniform policy was in place and all staff changed their clothes on and going off duty. All persons were required to sanitize their footwear on entering and exiting the centre.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Each resident's needs were comprehensively assessed on admission and regularly thereafter. A pre admission assessment was completed for each new resident to ensure the service could meet their needs. Each resident had a comprehensive care

plan in place to inform their individual care and support needs including details of the interventions to prevent them contracting COVID-19 infection.

Staff used a variety of accredited assessment tools to assess each resident's needs and developed a person-centred care plan in consultation with them where possible or with their relatives, as appropriate. The information in the eight residents' care plans examined by inspectors was person-centred and clearly described the interventions staff must complete to ensure each resident's individual preferences and wishes regarding their care procedures were met. For example, each resident's personal care routines, the time individual residents liked to go to bed at night and get up at in the morning and the clothes individual residents liked to wear. Records were maintained regarding residents' care plan reviews and included details of any additions made to their care plans following opportunities afforded to them to review their care procedures or in response to a change in their needs.

Each resident was closely monitored for any deterioration in their health and wellbeing and in particular, any indication of COVID-19 infection. The monitoring procedures in place for residents to identify symptoms of COVID-19 infection were in line with the recommendations provided by the HPSC. The effectiveness of residents' care in the centre was monitored to ensure consistently good standards of care were given to residents by staff. For example, key clinical parameters measured daily to include indicators such as pressure related skin damage, infections and falls by residents among others.

Residents' wounds and any other skin irregularities were comprehensively documented. Four residents in the centre had pressure related ulcers on their skin on their admission to the centre. Appropriate pressure relieving and wound care procedures were in place for each resident and their wounds were improving. Each of these residents had input from a dietician to ensure their nutrition was optimised to promote healing. Their wounds were also assessed by a tissue viability nurse specialist and their recommended treatment plans were being implemented.

Residents were closely monitored for unintentional weight loss or gain. Four residents experienced recent unintentional weight loss and were progressively gaining weight further to close monitoring, review by a dietician and implementation of their recommended interventions.

Sufficient detail was included in care plans for residents with a diagnosis of diabetes or residents at risk of pressure related skin damage or dehydration to inform the frequency of their care procedures and the optimal clinical parameters that should be maintained to ensure each resident's ongoing health and wellbeing.

A twice daily record was entered by nursing staff regarding each resident's wellbeing and care provided.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to a general practitioner (GP) of their choice. GP visits to the centre were reduced during the early phases of the national COVID-19 restrictions and GPs were contacted remotely by staff. GPs then made a decision whether instructions could be given remotely to staff or there was an urgent need for them to attend the centre to review residents. This arrangement ensured there were no delays to residents receiving appropriate interventions or treatment. At the time of this inspection all residents' all GPs had commenced their weekly visits to the centre and residents' routine medical reviews were completed.

Residents had access to community psychiatry of older age, palliative care and tissue viability nursing services. Health and social care professionals including physiotherapy, occupational therapy, speech and language therapy and a dietician supported residents' care as needed. Social care professionals from these services reviewed residents in the centre and their recommendations and treatment plans were documented in residents' care plans and implemented by staff. A chiropody service was also available to residents to ensure their foot comfort.

Residents were supported to attend out-patient appointments and scheduled medical treatments as appropriate and guidance from the public health team had been provided to staff about the precautions to follow when residents attended these appointments.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The centre accommodated five residents who were predisposed to episodes of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment), that were related to their health conditions, dementia care needs or mental health problems. Each of these residents had a person-centred care plan that guided staff with appropriately supporting residents to prevent their responsive behaviours escalating. Staff were observed by inspectors to care for these residents in ways that reflected good knowledge of their changing behaviour patterns and implementing interventions that were known to have a positive impact on their behaviours and wellbeing. Records of antecedents, behaviour and interventions used were maintained to identify triggers and supports needed and to assist with informing treatment plans.

Staff in the centre were facilitated to attend training in dementia care and managing responsive behaviours and during their discussions with the inspectors, they

described person-centred interactions they employed to alleviate residents' fears during the COVID-19 restrictions.

On this inspection, there was evidence to show that the centre was working towards a restraint-free environment in line with local and national policy. The provider had systems in place to monitor restrictive practices to ensure that they were appropriate and that any negative impact on residents was mitigated. Due to the layout of the centre, access through some internal doors was controlled for a small number of residents to mitigate risks to their safety. Assessments of need and trials with alternative less restrictive measures were in place for these vulnerable residents and arrangements were in place to ensure they were assisted by staff to safely access all areas of the centre.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to ensure residents were safeguarded and protected from abuse. The staff training records were made available to inspectors and confirmed that all staff were facilitated to attend training in recognising and responding to a suspicion, incident or disclosure of abuse.

Residents confirmed to the inspectors that they felt safe in the centre and trusted staff caring for them. All staff interactions observed by the inspectors with residents were respectful, courteous and kind and each resident's preferences were respected.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were facilitated to participate in the running of the centre. Residents were kept informed of all developments in the centre and their feedback was welcomed and valued. Inspectors were assured from their discussions with residents that they were well informed regarding the recommended national COVID-19 restrictions and how subsequent arrangements in the centre to ensure their safety were organised in ways that minimised any negative impacts on their quality of life.

Residents' activity needs and capabilities were assessed and care plans were in place. Residents' activity care plans were informative and detailed the activities residents were interested in, to guide staff with meeting their social and recreational needs in accordance with their interests and capacities. Records of

each resident's participation and level of engagement in the activities provided was maintained to ensure that the activities provided met their interests and capabilities.

There was a varied range of activities available for residents on both floors in the centre. An activity coordinator was Care staff were allocated to assist with facilitating residents' activities each day and during the weekends. This arrangement ensured residents had meaningful things to do over seven days each week.

Opportunities were provided for residents to continue to pursue interests and hobbies they had prior to coming to live in the centre. For example, one resident enjoyed feeding the birds and watching them eat. The bird feeder was located on the balcony off the first floor and was accessible to this resident. Varied bedding flower trays and flowering shrubs were provided for residents interested in gardening on the outdoor balcony and in the small garden areas to the back of the centre. Residents assessed as being able to go out to the balcony area independently were aware of the code and were observed by inspectors accessing the balcony independently.

Residents' religious and civic rights were facilitated and supported in the centre. Arrangements for residents to participate in religious services remotely were in place since the COVID-19 pandemic and as visiting restrictions had eased, local clergy from various denominations attended residents on request in the centre. Residents had access to daily and local newspapers and television and radio in most bedrooms and in the communal rooms. Newspaper reading and discussion about the local and national news was facilitated daily by an activity coordinator.

The layout and design of residents' bedrooms generally met their needs. Privacy curtains were fitted between beds in twin bedrooms. Residents were supported to undertake personal activities in private. Staff knocked on residents' bedroom doors before entering and ensured bedroom and toilet doors were closed during residents' personal care activities.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

