

**Health Information and Quality Authority  
Regulation Directorate**

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



|   |                                       |
|---|---------------------------------------|
| <b>Centre name:</b>                                   | Caritas Convalescent Centre           |
| <b>Centre ID:</b>                                     | OSV-0000020                           |
| <b>Centre address:</b>                                | Merrion Road,<br>Dublin 4.            |
| <b>Telephone number:</b>                              | 01 260 0609                           |
| <b>Email address:</b>                                 | yvonne@caritas.ie                     |
| <b>Type of centre:</b>                                | Health Act 2004 Section 39 Assistance |
| <b>Registered provider:</b>                           | Caritas Convalescent Centre Limited   |
| <b>Provider Nominee:</b>                              | Michael Lyons                         |
| <b>Lead inspector:</b>                                | Angela Ring                           |
| <b>Support inspector(s):</b>                          | Leanne Crowe, Mary O'Donnell          |
| <b>Type of inspection</b>                             | Announced                             |
| <b>Number of residents on the date of inspection:</b> | 43                                    |
| <b>Number of vacancies on the date of inspection:</b> | 9                                     |

## **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 decision. This monitoring inspection was announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 02 December 2015 08:30 To: 02 December 2015 13:30

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

| <b>Outcome</b>  | <b>Our Judgment</b> |
|---|---------------------|
| 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 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**

Caritas Convalescent Centre is a purpose built two storey building which has 52 places. The service provides short term convalescent and respite service with an average length of stay of 11 days. The main aim of the care provided is to focus on the recovery of residents post surgery and maximise their potential in order for them to return home. Caritas Convalescent Centre Ltd is the provider for this voluntary centre, its chairperson Michael Lyons is the person nominated to act on behalf of the company. The centre is run by a board of directors who meet approximately four

times per year. Sr. Daly is the person in charge and also the director of operations with responsibility for the overall daily operation of the centre including the coordination and administration of approx1200 admissions per year. Inspectors found that the person in charge had a person centred approach to care and was well supported by a clinical nurse manager two (CNM) and clinical nurse managers one.

As part of the inspection, inspectors met with residents and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. Inspectors found that there were significant improvements made since the previous inspection in April 2015 and the areas of non-compliance 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 were addressed. Inspectors found that there was a robust system of clinical governance introduced in the centre which resulted in improved monitoring of the safety and quality of services provided. The residents told inspectors about the high quality care they received and many referred to the kindness of staff and high quality food. Overall, inspectors found that the provider, person in charge and staff were compliant with all aspects of the Regulations reviewed during 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):**

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

**Findings:**

The statement of purpose described the services provided and reflected the requirements in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Judgment:**

Compliant

***Outcome 02: Governance and Management***

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

**Theme:**

Governance, Leadership and Management

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

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

**Findings:**

Inspectors were satisfied there was a clearly defined management structure that outlined the lines of authority and accountability in the centre, with systems in place to review the quality and safety of life of residents. the person in charge and CNM2 advised inspectors that adequate resources were made available as required.

There were satisfactory governance arrangements in place. The provider nominee was available as required and worked closely with the person in charge. Regular meetings were held with the Board of the Hospital where all areas of clinical governance were discussed.

There were systems in place to monitor the quality and safety of care. An external consultant had assisted the management team to implement clinical governance system and committee which reviewed and audited indicators such as incidence of falls, medication issues, wounds and infection control. An analysis and a comparison with the previous audits were carried out and there was evidence of action taken and improvement brought about. For example, a recent falls audit resulted in the introduction of a new falls risk assessment which improved the overall management of falls.

The clinical nurse manager two was aware of the requirement to prepare an annual report on the overall review of the safety and quality of care of residents and informed inspectors that it was currently in draft form. There was a system in place of gaining feedback from residents on discharge and evidence of changes being made following feedback such as increased wheelchair accessibility.

**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):**

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

**Findings:**

Inspectors found the records, policies and procedures required by the Regulations were in place.

All records reviewed as part of the inspection were maintained in a manner to ensure accuracy and ease of retrieval. A sample of policies and procedures required by Regulations were reviewed, generally the policies were up-to-date, guided practice and were evidenced based and comprehensive. Staff spoken to were aware of the centres policies and procedures.

**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):**

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

**Findings:**

Inspectors were satisfied that the centre was managed by a suitably qualified and experienced person with accountably and responsibility for the service.

She was familiar with the residents' health and social care needs, and was observed interacting with resident's during the inspection. The person in charge was a registered nurse who had the relevant length of experience required by the Regulations. She demonstrated adequate knowledge of the Regulations, and was aware of her requirements therein. The person in charge held regular meetings with staff. The minutes of these were read by inspectors and outlined a range of issues discussed.

The person in charge participated in ongoing professional development by attending courses on a range of topics. Satisfactory deputising arrangements were in place, the person in charge was supported in her role by a CNM2.

**Judgment:**

Compliant

***Outcome 05: Documentation to be kept at a designated centre***

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

**Theme:**

Governance, Leadership and Management

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

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

**Findings:**

The inspectors were satisfied that the records as listed in Part 6 of the Regulations were well maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. A small sample of staff files were checked and were found to contain all documentation as required in Schedule 2 of the Regulations.

The centre was adequately insured against accidents or injury to residents', staff and visitors, as well as loss or damage to a resident's property. A directory of residents was maintained which contained all of the matters as set out under Regulation 19.

The designated centre had all of the written operational policies which had been recently reviewed as required by Schedule 5 of the Regulations.

**Judgment:**

Compliant

***Outcome 06: Absence of the Person in charge***

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

There was an awareness of the responsibility to notify the Chief Inspector of the absence of the person in charge. Satisfactory arrangements were in place to manage the centre in the absence of the person in charge.

**Judgment:**

Compliant

***Outcome 07: Safeguarding and Safety***

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

**Theme:**

Safe care and support

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

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

**Findings:**

Inspectors were satisfied that systems were in place to protect residents being harmed or suffering abuse were in place. Even though there was a policy to guide staff and they received training, there were no residents with behaviours that challenged and a restraint free environment was promoted.

The centre was guided by policies on the protection of vulnerable adults in place and policies read were updated to reflect the National Health Service Executive policy and procedures "Safeguarding Vulnerable Persons at Risk of Abuse".

There was regular staff training in the protection of vulnerable adults. Records read confirmed staff completed training. Staff spoken to were knowledgeable of the types of abuse and the reporting arrangements in place.

The person in charge was aware of the requirement to notify any allegation of abuse to the Authority, however there had been no allegation of abuse in the centre to date. Inspectors spoke to a number of residents who said that they felt safe and secure in the centre.

Inspectors read a policy on the management of behaviours that challenged that guided practice. A sample of files of residents who presented with behaviours that challenged was reviewed. Care plans were developed to support staff. However, as outlined in Outcome 11, they did not fully guide practice. Inspectors found evidenced based tools were utilised to monitor behaviours where required and staff were familiar with the residents and understood their behaviours, what triggered them and the least restrictive interventions to follow.

There was a policy on the use of restraint which reflected the national policy "Towards of Restraint Free Environment". however there was only one bedrail in use and it was at a resident's request.

**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:**

Inspectors found that there were systems in place to protect and promote the health and safety of residents, visitors and staff. An external consultant had been employed to assist the management team in carrying out a full review and audit from an environmental and clinical risk perspective. Evidence was seen of the positive outcomes of the intervention and review of the service.

A recently developed centre specific safety statement was seen by inspectors. There were health and safety policies as required by Regulations. A risk management policy was in place and it met the requirements of the Regulations. Overall, it was implemented throughout the centre, with specific risk registers available for each section of the centre which identified risks in each area and the control measures in place.

A health and safety committee meeting was held as part of the overall clinical governance meeting, a sample of minutes read confirmed a range of matters were discussed for example, general health and safety, fire procedures and equipment maintenance. There were arrangements in place to manage adverse events involving residents. There was evidence of learning and improvement to prevent these incidents from happening again, this was addressed since the last inspection. For example, the management of falls, with evidence of prevention of falls and serious injuries in the centre.

There was evidence of good infection control precautions in place with the use of gels, hand washing and universal precautions. A policy was seen by inspectors, which covered infection control procedures in the centre.

Inspectors saw residents were encouraged to be as mobile as best as possible, and were seen being escorted around the centre. A physiotherapy department was located in the centre. Residents spoke about the exercise classes in the physiotherapy unit and how they encouraged to walk and keep active. Staff were observed following best practice in the movement of residents who required assistance. There was safe floor covering and handrails throughout the centre. There was regular training provided to staff in the movement and handling of residents.

An emergency plan was reviewed by inspectors. It outlined the procedures to follow in the event of fire, flood, loss of power or heat and any other possible emergency. Individualised plans for evacuation of residents were developed since the previous inspection.

Inspectors were satisfied that suitable fire precautions were in place. There were fire orders displayed throughout the centre. Inspectors saw fire procedures also outlined the responsibilities of the nurse in charge. Staff spoken with were familiar with the procedures. There were weekly fire alarm tests carried out. Records of regular fire drills were read by inspectors and they included the length of drills and outcome including staff performance.

Service records showed that the fire alarm system was serviced regularly and fire equipment was serviced annually. It was noted that the fire panels were in order and fire exits unobstructed. There were regular fire safety checks completed which included fire exits.

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

**Findings:**  
Residents were protected by the centre's policies and procedures for medication management and improvements were made to ensure that medications were safely stored and that systems in place for self medicating were in line with the policy.

Medicines were supplied to the centre by a retail pharmacy business in a monitored dosage system that consisted of individual pouches were appropriate. Medicines were stored securely in the centre in medication trolleys or within locked storage cupboards. A secure fridge was available to store all medicines and prescribed nutritional supplements that required refrigeration, and temperatures were checked and recorded on a daily basis. Controlled drugs were stored securely within a locked metal cabinet, and balances of all controlled drugs were recorded in the controlled drugs register. Nursing staff checked and documented the balances of all controlled drugs twice daily at the change of shift.

All nursing staff had completed on-line medication management training, including a competency assessment following the programme. Inspectors observed nursing staff administering medicines to residents during the morning administration rounds. The nurse administering medication wore a tabard to alert others that she was administering medications and should be facilitated to concentrate on the task at hand with minimal disruption. This was to minimise medicine errors. Medication administration practices were found to adhere to current professional guidelines. Nursing staff were vigilant in ensuring that the trolley was always within sight, and that it was never left unattended in corridors. The medication trolley was stored securely in the nurses' office.

Medication management audits were conducted within the centre as part of the quality and clinical governance system in place. This resulted in improved practices; for example, the labelling of drugs to indicate the date when the container was opened, and the storage of medications in the fridge. Staff confirmed that pharmacists from the pharmacy who supplied medicines to the centre were facilitated to visit the centre and meet with residents. Staff were familiar with the safe system in place for receiving medications from the pharmacy and for disposing of unused or out of date medicines.

The inspectors reviewed a number of the prescription and administration sheets and found that they conformed with appropriate medication management practice. The procedures in place for self-administration of medications were amended to bring it in line with the policy. Only one resident was self-administering. Inspectors saw that an assessment was undertaken which determined that the resident was competent to self-medicate safely. Checks were in place to ensure that the resident took the medication according to the prescription. The medications were securely stored in a locked cupboard in the resident's room.

There was a system in place to regularly check the emergency equipment and the contents of the resuscitation trolley to ensure medications had not expired. The monthly checks were recorded and the most recent check was completed on 30 November 2015. Inspectors randomly checked some drugs and found they were all in date and the lock system was managed appropriately.

**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):**  
No actions were required from the previous inspection.

**Findings:**  
Inspectors were satisfied a record of all incidents occurring in the designated centre were maintained and notified where required to the Chief Inspector.

The person in charge was familiar with the incidents that required notification in three working days, along with a report of specified incidents to be made every three months. There was a system to record, report and review all incidents.

**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):**

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

**Findings:**

Residents were admitted for convalescent care and the vast majority of residents were recovering following surgery. There were suitable arrangements in place to meet the health, nursing and social needs of residents. Comprehensive assessments were carried out and care plans developed in line with residents changing needs. Residents and their families, where appropriate were involved in the care planning process, which reflected the wishes of residents.

Residents had access to medical services with a medical officer calling three days each week. The centre had one full time physiotherapist and two others who shared a full-time post. Residents also had access to allied healthcare professionals including dietetic, speech and language and podiatry services.

Inspectors tracked the journey of a number of residents since admission. They also reviewed specific aspects of care such as nutrition or wound care in relation to other residents.

A pre-admission assessment was not feasible due to the high turnover of residents. Relevant information from medical, nursing and allied health professional at the discharging hospital was transferred with the resident. Inspectors examined the files of residents and found that appropriate information about their health, medications and their specific communication needs were included with the transfer letter.

Residents had a comprehensive nursing assessment on admission. The assessment process involved the use of validated tools to assess each resident's risk of malnutrition, falls, a manual handling assessment and pressure sores. There was also a pain assessment tool for residents to monitor the effectiveness of post operative analgesia. A care plan was developed on the day of admission based on the residents assessed needs. Care plans contained the required information to guide the care of residents, and were updated to reflect the residents' changing care needs. There was documentary evidence that residents and relatives where appropriate had provided information to inform the assessments and the care plans. Staff nurses, health care assistance residents who spoke with inspectors demonstrated appropriate levels of knowledge about care plans. Discharge plans were in place to support residents to return home. When required there was evidence of links with community services detailing how this would be arranged.

Sometimes residents are admitted to the centre with pressure ulcers which was appropriately managed. A nurse in the centre with specialist knowledge of wound care supported nurses with expert advice and guidance to manage wounds effectively. Inspectors tracked wound care for the only resident who had a pressure sore and found

their wound was appropriately assessed and managed.

Nurses were trained to carry out manual handling assessments and moving and handling instruction charts were posted inside wardrobe doors which guided staff who provided care. A new tool was introduced to assess residents' risk of falls and care plans developed to address the risks identified. Residents at risk of a fall were identifiable to staff to enable them to fulfil their role in relation to falls prevention. Following a fall, the risk assessments were revised, medications reviewed and care plans were updated to include interventions to mitigate the risk of further falls.

Residents with diabetes were appropriately monitored and managed. Most of the residents were supported to continue to monitor their blood glucose levels independently. They also found the staff who undertook the procedure adhered to the HIQA guidance of blood glucose monitoring.

Residents were satisfied that their spiritual needs were met. There was an oratory where residents could engage in silent prayer and reflection as well as scheduled prayer services. Residents also had access to pastoral care services. Landscaped gardens offered scenic views from the centre and with walkways allowed residents to engage with nature.

Each residents interests were documented as part of their initial assessment. Residents They had access to a number of communal sitting rooms. One where they could watch TV and a quieter room where they could enjoy board games, play cards or choose a book from the selection provided. Residents were seen to talk walks during the day and they socialised together. They assured inspectors that they were never bored as they had plenty to occupy them.

**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):**

No actions were required from the previous inspection.

**Findings:**

Overall the physical environment in the centre met the requirements of the Regulations and the needs of all residents. The centre was warm, clean, comfortable, welcoming and well maintained both internally and externally. Inspectors found that the communal spaces and bedrooms were homely in design, decor and furnishings and this was also frequently mentioned by residents and their relatives.

There were three four bedded rooms, which were suitable for the short term convalescent resident. Inspectors observed that screening was appropriate in these bedrooms. Inspectors visited the laundry and found that it was well equipped and clean. The layout of the laundry was organised in a way that allowed staff to comply with infection control practices, and the staff member had also received infection control training. In addition, there were sluice rooms with mechanical sluicing facilities available throughout the centre to ensure that best practice in infection control could be adhered to if there was an outbreak of infectious disease.

There were handrails and safe floor covering throughout the centre. Inspectors visited some residents' bedrooms and found that despite the centre being for short stay residents, they could personalise their room with their possessions. Residents had access to garden areas with seating area and planting which they said they enjoyed. The external grounds were well maintained.

**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):**

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

**Findings:**

Inspectors found that a very small number of complaints were received by the centre and were well managed. There was an up to date complaints policy which listed a nominated complaints officer within the centre and an independent officer was available for appeals. This had been addressed since the last inspection. The complaints procedure was seen to be on display at the main entrance to the centre and each resident received user-friendly information on how to make a complaint on their admission to the centre.

The inspectors found that the centre was maintaining a record of both written and verbal complaints, and that complaints were being dealt with promptly. Each complaint listed the details of the complaint, and the outcome of the complaint. The complaints

records also stated that the complainant was informed of the outcome of each complaint.

**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:**

There were systems in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration. Residents were screened for nutritional risk on admission and care plans put in place and reviewed as required thereafter. Residents' weights were routinely checked on admission and prior to discharge. Weekly weights checks were done when indicated. Nutritional care plans were in place that detailed residents' individual food preferences, and outlined the recommendations of dieticians and speech and language therapists where appropriate. Nutritional and fluid intake records when required were appropriately maintained.

Inspectors joined residents having their lunch in the dining room, and saw that a choice of meals was offered. Residents were overwhelmingly positive about the meals they received. They were offered a menu choice for all meals in the morning and also selected the portion size; small, normal or large. Residents could dine in their rooms if they wished but residents who spoke with inspectors said they preferred the social aspect of eating in the dining room.

There was an effective system of communication between nursing and catering staff to support residents with special dietary requirements. Staff accompanied residents to the dining room to oversee that correct diets were given, provide encouragement with the meal and to monitor that residents actually ate the meals provided. Inspectors found that residents on diabetic, low residue and fortified diets, and also residents who required a soft diet or their food cut up, received the correct diet and all meals were attractively served. Mealtimes in the dining room was a social occasion with attractive table settings and plenty of conversation between residents.

**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:**

The privacy of residents was maintained. Staff were observed knocking on bedroom, toilet and bathroom doors and waiting for a response to enter and this was confirmed by residents. Inspectors observed staff interacting with residents in a friendly and courteous manner.

Due to the short term nature of the service, there was no residents committee established. Residents religious needs were met, mass was celebrated weekly and prayers were held daily. There was access to other denominations as required.

The person in charge explained the rationale for restricting visiting rights to residents at previous inspections which prioritised residents rehabilitation and rest.

**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:**

There were systems in place to safeguard residents' personal possessions. The inspectors reviewed these procedures and found that there were records of personal

property, and of property held for safe keeping. Each resident had a lockable place to store their belongings.

**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):**

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

**Findings:**

Staff spoken to were aware of residents needs and enjoyed working in the centre. they were seen interacting very well and provided person centred care. The inspectors reviewed the roster which reflected the staff on duty. Resident dependence was assessed using a recognised dependency scale and the staffing rosters were adjusted accordingly. The inspectors were satisfied that there was sufficient staff on duty to adequately meet the needs of residents. This had been addressed since the last inspection.

There was evidence of safe staff recruitment practices and the inspectors were satisfied that there was appropriate staff numbers and skill mix to meet the assessed needs of the residents. two new nurses had been recruited in line with the requirements in the Regulations.

There was a recruitment policy in place which met the requirements of the regulations.

The person in charge and clinical nurse manager promoted professional development for staff. A staff development programme was in place to ensure staff were provided with training to meet the specific needs of residents. A broad range of training had been provided to staff such as wound care, falls prevention and management and nutrition, infection control in addition to all mandatory training requirements of the regulations. Care staff had all received FETAC Level 5 training and had attended recent refresher programme.

Staff spoken with all reported that they felt supported and supervision was provided to

all staff, in addition, the CNM2 explained to inspectors that increased training planned for the management team to improve areas of practice such as delegation, supervision and appraisal. this training was planned for the coming weeks,

**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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