

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Suncroft Lodge Nursing Home
Centre ID:	OSV-0000106
Centre address:	Suncroft, The Curragh, Kildare.
Telephone number:	045 442 951
Email address:	suncroftlodge@trinitycare.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Costern Unlimited Company
Provider Nominee:	Keith Robinson
Lead inspector:	Leone Ewings
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	55
Number of vacancies on the date of inspection:	5

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
30 November 2017 09:30	30 November 2017 18:00
01 December 2017 09:00	01 December 2017 15:00

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This inspection was carried out in response to the provider's application to renew the certificate of registration. The provider's application is for ongoing registration of 60 beds.

The centre mainly accommodates older people over 65 years, some of whom may have physical and sensory difficulties. A number of younger residents are also living at the centre and had a diagnosis of dementia, acquired brain injury and mental health difficulties as described within the statement of purpose. Short-term respite and convalescent admissions are also facilitated.

The provider had addressed the non-compliances from the last inspection on 22 March 2016. Improvements completed related to premises and some residents access to activities programme, communication and offering choice, documentation

and the use of restraint. The inspector found that the residents received a good quality service, and had positive feedback about the quality of life living at this centre.

Unsolicited information and notifications received were also considered as part of this inspection. There had been no changes in management and governance at the centre notified to HIQA.

As part of this inspection, the inspector met with residents, relatives and staff members. They observed practices and reviewed documentation such as care plans, audits, management meeting minutes and policies and procedures. The inspector also met the provider, person in charge and the assistant director of nursing at the centre on the day.

The inspector found that residents were supported by a staff team who knew them well in a warm and welcoming environment. Staff were skilled and experienced in providing health and social care to residents. They had completed relevant training for their roles. Sixteen residents and eight relatives provided written feedback to say that overall they were well supported by the staff team, good communication took place, with staff who were kind and treated them with respect. Residents and relatives also took time to meet with the inspector over the two days spent at the centre.

A review of residents records showed that relevant assessments were carried and where residents required support, care plans were in place with guidance to staff about how it was to be provided. Overall, staffing in place on the days of the inspection was found to be adequate to meet the assessed needs of residents.

The governance and management systems operated in the centre were seen to be effective and provided assurance that the provider and all staff were providing a safe service to residents. Regular audits were carried out by the management team to ensure positive outcomes for residents were being achieved, and if improvements were identified actions were agreed and reviewed. Reviews and requests for feedback, including satisfaction surveys were also carried out with residents and relatives which informed any improvements planned.

The findings were that the provider now conforms to all matters as set out in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland 2016.

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

Outcome 01: Statement of Purpose

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There was a written statement of purpose that described the service and facilities that are provided in the centre, which had been recently updated. The statement of purpose consists of a statement of the aims and objectives of the designated centre.

The management team have kept the statement of purpose under review and revised the content at intervals of not less than one year.

The statement of purpose contained all of the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People).

Judgment:

Compliant

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There were sufficient resources in place to ensure the effective delivery of care as described in the statement of purpose. There was a clearly defined management structure with clear lines of authority and accountability, and the management team's roles and responsibilities for the provision of care are unambiguous. The centre promotes a culture of engagement and open communication with all stakeholders.

A comprehensive auditing and review system was in place to capture information in relation to resident quality outcomes, operational matters and staffing arrangements. Clinical audits were carried out that analysed accidents, complaints, medicine management issues/errors, skin integrity, care plans, the use of restraint and infection control. This information was available for inspection. Policies and procedures were in place to guide practice and service provision.

The management support structure in place is comprehensive and the senior management team are actively involved in the running of the centre. There is a fortnightly meeting held with the provider nominee and the clinical operations manager. The centre is part of a group of nursing homes and the directors of nursing within the group meet on a monthly basis.

An annual review of the quality and safety of care delivered to residents for 2016 was completed that informed the service plan being implemented in 2017.

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 general nurse and works full-time within the centre. The fitness of the person in charge was assessed by the inspector at the time of her appointment in 2015. She was deemed to have the required knowledge and experience to hold the post of person in charge. She has completed a diploma in management and is engaged in continuous professional development.

She was knowledgeable about each residents' nursing and social care needs, and had been working at the centre now for two years. She clearly demonstrated a commitment

to person-centered care practices and dementia care.

Judgment:

Compliant

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

Theme:

Governance, Leadership and Management

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

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

Findings:

The inspector was satisfied that the records as listed in Part 6 of the Regulations were maintained in a such manner so as to ensure completeness, accuracy and ease of retrieval. Overall, a satisfactory standard of record-keeping was evidenced throughout the inspection. Improvements in the records assessment and alternatives used in terms of the restraint policy had been implemented.

Staff were familiar with the electronic record keeping system, and had received guidance and support implementing and using this system. The person in charge clearly demonstrated improvements in relation to the documentation complaint outcomes and methodology of complaint review.

A sample of four staff files was inspected and all were found to contain all documentation as required in Schedule 2 of the Regulations.

The centre was adequately insured against accidents or injury to residents', staff and visitors, as well as loss or damage to a resident's property.

A directory of residents was maintained which contained all of the matters as set out under Regulation 19.

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:

The inspector found that systems were in place to protect residents being harmed or suffering abuse. There was a policy to guide staff and they received appropriate training and refresher training. There was an environment which promoted residents' rights in place. For example, the person in charge had facilitated advocacy for residents living with acquired brain injury. All residents were supported to maintain their independence and autonomy. Improvements in the assessment and documentation of restrictive practices and alternatives trialled had taken place since the time of the last inspection. Safeguarding training for all staff had taken place delivered by the Human Resources Manager. Record-keeping in terms of any bedrails used was now maintained to a good standard.

The centre was guided by evidence-based policies on the protection of vulnerable adults in place, and policies read were updated to reflect the Health Service Executive policy and procedures "Safeguarding Vulnerable Persons at Risk of Abuse". This policy had been reviewed and updated to guide and inform staff in practice.

There was regular staff training in the protection of vulnerable adults. Staff spoken to were knowledgeable of the types of abuse and the reporting arrangements in place. The person in charge was aware of the requirement to notify any allegation of abuse to HIQA. One such report had been made and the actions taken to safeguard residents were reviewed. The inspector found the response to this report was timely by the person in charge, and all measures had been implemented in line with policy.

The inspector spoke to a number of residents who said that they felt safe and secure in the centre.

A policy on the management of challenging behaviours that guided practice was in place. A small number of residents presented with behaviours associated with dementia and cognitive difficulties. Overall, the residents were well supported and positive behavioural plans were in place. The inspector found evidenced-based tools were utilised to monitor behaviours where required. Staff were familiar with the residents and understood their behaviours, what triggered them and the least restrictive interventions to follow. There was an good awareness by staff of the symptoms associated with dementia, and any changes in behaviours which may be due to infections or acute illness.

There was a separate policy on the use of restraint which reflected the national policy "Towards of Restraint Free Environment". The person in charge confirmed that compliance with the National policy in terms of a restraint-free environment had been actioned by the person in charge as part of the last inspection. Four bedrails were in use at the time of this inspection, and a clear system was in place that ensured that a detailed risk assessment took place. Alternatives trialled prior to the use of bed rails or any restrictive practice. Close monitoring continued in terms of the non-pharmacologic approach prior to the use of any psychotropic medicines as prescribed.

A small number of residents had supports in place to manage their finances and a petty cash systems. Records reviewed were detailed and subject to audit and oversight by the provider, staff had a policy in place to guide them in best practice. Receipts and access to residents funds was supported by administration staff to enable access to local events and social occasions. Two residents had arrangements in place with the provider for pension agency, confirmation that this was administered in line with best practice was found on a recent inspection of the records maintained at the provider's head office.

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 centre had policies and procedures relating to health and safety within the centre. There was a health and safety statement also dated July 2017. The centre has a health and safety committee that meet monthly. The centre has a risk management policy last reviewed in July 2017 that includes items set out in Regulation 26(1). The centre had a up-to-date risk register that is kept under full review on a monthly basis by the person in charge. The register identified any areas of risk within the centre and the control measures in place to minimise or mitigate any risk to residents. For example, a detailed risk assessment was in place for the use of the smoking room now located on the ground floor. The inspector reviewed two individual assessments and found that all measures were fully implemented to facilitate and promote resident choice in this regard.

Arrangements are in place for investigating and learning from serious incidents/adverse events involving residents. The inspector reviewed the incident/accident log. The person in charge carries out a monthly analysis of all incidents and all incidents are individually

risk rated and signed off by her, with any relevant follow-up or referrals made in a timely manner.

Arrangements, consistent with the national guidelines and standards for the prevention and control of healthcare associated infections, were in place. Staff had access to personal protective equipment such as aprons and gloves, hand washing facilities and hand sanitisers on corridors. Staff were seen using these facilities between resident contact. Signs were on display to encourage visitors to use the hand sanitisers. Household staff spoken to were knowledgeable on the system in place to ensure that the cleaning regime minimises the risk of cross infection. The cleaning schedule included the routine daily chores but also contained detail of a deep cleaning schedule. The standard of cleanliness throughout the building was found to be satisfactory.

Suitable arrangements were in place in relation to promoting fire safety. Fire safety and response equipment was provided. The fire alarm is serviced on a quarterly basis and the fire safety equipment is serviced on an annual basis. Fire exits were identifiable by clear signage and exits were unobstructed to enable means of escape. Signage and maps outlining each zone were displayed throughout the building to guide residents, staff and visitors.

All staff had received annual fire training, and were familiar with the contents of the emergency plan. In addition staff spoken to were knowledgeable about fire safety and evacuation procedures. For example, all residents had detailed personal evacuation plans and suitable equipment to aid any possible evacuation from the ground or first floor was available to meet the assessed needs. A detailed fire simulation fire drill was carried out on a monthly basis. Maintenance of the records of emergency lighting was viewed by the inspector.

Judgment:

Compliant

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. All policies had been updated in May 2017 to inform and guide staff in best practice. All staff had received medicines management training and all practices were subject to audit and review.

The processes in place for the handling of medicines, including controlled drugs, were safe and in accordance with current guidelines and legislation. Systems were in place for ordering, supply and dispensing methods. There were appropriate procedures for the handling, checking, reporting errors, return and disposal of medicines. An inspector saw that controlled drugs were stored safely in a double locked cupboard. Stock levels were recorded at the beginning and end of each shift in a register in keeping with legislative requirements.

Nursing staff demonstrated safe practices in medicine administration and management. The inspector observed the staff nurse consulting with residents during the administration of medicines, and performing good hand hygiene. A gentle unhurried approach was consistently demonstrated which helped residents feel relaxed taking their medicines.

A system was in place for reviewing, reconciliation and monitoring of medicine management practices was in place. The use of psychotropic and sedative medicines on a PRN basis was subject to close audit and reviews. The records showed low and reducing levels used or administered.

Arrangements for the review of prescribed medicines by the General Practitioner (GP) were in place, and records were available to demonstrate this arrangement was implemented in practice, and in response to changing needs.

The pharmacist was available to residents if required and involved in the management and delivery of prescribed medicines to residents in the centre. Staff and residents were found to be satisfied with the pharmacy service provided. None of the residents were self-medication but this option was available subject to guidance outlined in the policy and could be considered on each admission.

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:

Residents' health care needs were met through timely access to medical services and appropriate treatment and therapies. Overall, the inspector was satisfied that resident's assessed needs were well met thorough a comprehensive process of assessment and review.

Access to a general practitioner and allied healthcare professionals including psychiatry of older life, physiotherapy, dietetic, speech and language therapy, dental, ophthalmology and specialist palliative care were made available when required. From the sample of cases tracked it was evident that these services were available to some residents prior to their admission, and as required thereafter. There was good evidence within the files that advice from allied healthcare professionals was acted on in a timely manner. For example, referrals for specialist psychological supports were also facilitated for any resident assessed as requiring this input. Contacts were established for referral advise for tissue viability and wound care.

Pre-admission arrangements were in place to support communications between the resident and family, and or the acute hospital and the centre. The person in charge visited prospective residents prior to admission. This arrangement gave the resident or their family an opportunity to meet in person, provide information and determine if the service could adequately meet the needs of the resident. There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was maintained and shared between providers and services.

Assessments and clinical care accorded with evidence-based practice. Residents had been assessed to identify their individual needs and choices. The assessment process used validated tools to assess each resident's dependency level, risk of malnutrition, falls risk and their skin integrity. Clinical observations such as blood pressure, pulse and weight were assessed on admission and as required thereafter. Each resident had a comprehensive care plan developed with 48 hours of admission. The care plans were person centered and the detail contained within the care plans evidenced that the staff were knowledgeable on the specific care needs of residents under their care. There was evidence that care plan reviews occur at intervals not exceeding four months or more frequently if there was any change in the residents condition. Relatives and residents confirmed to the inspector that this was completed in consultation with either the resident or their representative. Residents care plans also contained detailed information and were informed by social model tools in terms of meeting all assessed care needs.

Judgment:
Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

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

Findings:

The inspector was satisfied that the design and layout of the building was suitable for the needs of the residents and for the stated purpose as outlined in the statement of purpose. Plans submitted for registration renewal purposes were reviewed with the provider to ensure accuracy.

The inspector found that premises was maintained to a high standard. It was found to be very clean and a recent re-decoration programme had been mentioned by a number of people to the inspector as enhancing the environment. The use of new signage in place since the last inspection enhanced way finding around the premises. A memory box programme had commenced and some residents and relatives had been offered and engaged in this to enhance person-centred care practice.

The inspectors observed assistive equipment such as hoists, wheelchairs and chair alarms which were deployed for the safety and comfort of residents. This equipment was seen to be well maintained, and upgraded as required.

Residents had access to a number of different day and dining rooms. A large landscaped secure garden where residents could access from the downstairs dining room. The inspector also observed that residents on the first floor had ramped access to a covered safe balcony to access fresh air.

The inspector spoke to the maintenance staff member and reviewed the maintenance logs and found a robust system in place for the ongoing maintenance in the designated centre. The maintenance staff member also described how he was supported by other staff in the organisation such as electrician and plumber when required.

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:

Residents were consulted with and participated in the running of the centre. Residents' rights were respected and their independence promoted in line with the statement of purpose and ethos of the centre. There were residents' meetings held on a monthly basis in the centre. The meetings acted as a forum for the management to communicate any changes in the centre to the residents, and to facilitate residents to raise any issues or suggestions they had to the management. Issues discussed included feedback and suggestions about food, activities and planning and involvement with the re-decoration programme which was ongoing.

The inspector observed that residents' independence was promoted as part of the ethos of the centre. .

There were satisfactory systems in place to assist residents to communicate.

Residents and relatives confirmed to the inspector a variety of pastimes, individual and group activity was available. Some planned sessions of SONAS (a communication sensory therapy) took place. The activities person was on leave but her replacement outlined to the inspector how the each residents' preferences for pastimes and activity was assessed, and all suggestions were acted upon. Family celebrations, birthdays and other occasions were planned for and residents told the inspector they enjoyed having meaningful things to do. There was an activities plan in place at the centre, with a number of pictorial boards placed to inform and guide residents, outlining the planned daily activities. Residents confirmed they enjoyed cinema and museum visits and outings with relatives for meals and family visits.

Residents' religious needs were well met in the centre. Mass was held each week in the centre, with rosary said as part of the programme. Residents of other faiths were facilitated to attend services, or visits from clergy.

Voting in elections or referendums was facilitated in the centre. Residents could be registered to vote in the centre and a polling station would be set up there.

Visiting was encouraged, all visitors signed in at reception area, and could access refreshments in the activities/visitor's room. There was access to an independent advocacy service in the centre, contact details were displayed in the front reception of the centre.

All residents had access to a telephone, and access to television, Skype, radio and newspapers was fully facilitated. A local shop. café and sports facilities was in walking distance to the centre.

There was an written complaints policy and procedure that guided the management of complaints in the centre. The complaints procedure was displayed in the reception area,

and it included an appeals process.

Judgment:

Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

The inspector reviewed staffing rosters on the day of the inspection, and reviewed staffing levels in place with the person in charge. Residents and relatives also confirmed their satisfaction with staff availability. Overall there were appropriate staff numbers with the relevant skills and training to meet the needs of the residents. Staffing in place for the number of residents at the time of the inspection was adequate. The staffing levels took in to account the layout of the centre and additional supervision needs. The person in charge kept staffing under review, and participated in handovers and communication meetings.

Nurses were supported by health care assistants to meet the needs of the residents. The person in charge and the assistant director of nursing on duty, were usually supernumerary to the roster, to enable them to carry on with the day to day running of the centre. There was also a management team that contributed to the running of the centre, covering clinical overview and building management responsibilities. Staff rosters were reviewed and found to be planned well in advance, and maintained in line with the regulations. Relief staff were available to be rostered or for when unanticipated leave needed to be covered at short notice.

The inspectors spoke with residents and family members throughout the day of the inspection, and all were very positive about the staff team. Residents gave examples of how they had been supported to maintain their privacy and dignity in the centre, and reported a good standard of communication. Overall, responses were reviewed centred around staff being helpful and available to support any needs in a pleasant and accommodating way which was reassuring to them.

The provider had implemented a policy that required staff in the centre to complete, and repeat at agreed intervals, a range of training including moving and handling, fire safety, safeguarding of vulnerable people, infection control and care for people with dementia. Staff were also encouraged to undertake other courses to support them in their role in the centre. The records of staff training and information about dates attended was readily available to inspectors and fully maintained. A training plan was in place that covered the next 12 months, and it was seen to include planned dates all staff who needed to attend refresher courses. Each staff line manager reviewed training needs when staff appraisals took place. Staff who spoke with the inspectors confirmed they had completed all their mandatory training required by the provider and were supported in terms of learning. The person in charge confirmed that training had focused on end of life care strategy and dementia care in recent years.

There were effective recruitment procedures in place in the centre. Staff files of the four recently recruited staff were reviewed. All of these staff files contained all the requirements as per Schedule 2 of the regulations. All nurses employed in the centre had current registration with the Nursing and Midwifery Board of Ireland. The sample of staff records reviewed by the inspector confirmed that all staff had Garda Síochána vetting disclosures in place prior to commencing any work at the centre.

There were no volunteers working in the centre but the provider was aware that any proposed staff would have appropriate checks, including garda vetting disclosures prior to commencing their role in the centre

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:

Leone Ewings
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority