

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Cahereen Residential Care Centre
Centre ID:	OSV-0000208
Centre address:	Codrum, Macroon, Cork.
Telephone number:	026 41 280
Email address:	cahereenrescare@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Cahereen Residential Care Limited
Provider Nominee:	Colette Moyles
Lead inspector:	Geraldine Ryan
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	27
Number of vacancies on the date of inspection:	0

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 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 29 July 2014 07:30 To: 29 July 2014 15:30

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This inspection was the fifth inspection carried out by the Authority. The status of the actions generated from the most recent monitoring inspection carried out on the 12 June 2013 was reviewed. The inspector noted that all actions were completed in a satisfactory manner.

27 residents were accommodated in the centre on the day of the re-registration inspection. As part of the inspection the inspector met with residents and staff members. A number of relatives and residents completed questionnaires prior to the inspection and the feedback was very positive in all aspects of the service provided. The inspector observed practices and reviewed documentation such as the statement of purpose, residents' contracts of care, care plans, medical records, the menu,

accident logs, complaints log, records of residents' finances, policies and procedures, staff meetings, the directory of residents, residents' meetings, audits, records of deceased residents and staff files.

Overall, the inspector noted that a warm, inclusive environment existed in the centre. Furnishings, décor, housekeeping and the cleanliness of the centre were of a high standard. Residents voiced how happy they were in the centre and spoke in a positive manner with regard to the care they received from the staff. Residents were very complimentary of the choice of food served in the centre and confirmed they had an input into the choice of food available.

Staff spoken with by the inspector exhibited an in-depth knowledge about the residents and their backgrounds and were observed caring for residents in a respectful manner while maintaining residents' privacy and dignity. Both the person in charge (PIC) and the providers displayed a commitment to the delivery of person-centred care and continuous improvement.

No action plan was generated from this re-registration inspection.

Section 41(1)(c) of the Health Act 2007. 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.

Outcome 01: Statement of Purpose

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The centre had a statement of purpose that accurately described the service that was provided in the centre. The statement of purpose consisted of a statement of the aims, objectives and ethos of the centre and provided a clear and accurate reflection of the facilities and services provided.

It 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) 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):

No actions were required from the previous inspection.

Findings:

On the day of inspection there was evidence of sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.

Management systems were in place to ensure that the services provided were safe, appropriate to residents' needs, consistent and effectively monitored. A weekly

management meeting was convened. Meetings were held with staff on a three monthly basis. There was evidence that a variety of topics relating to the residents were discussed, for example, activities, the menu, residents likes and dislikes and there was evidence that topics raised were actioned.

There was a clearly defined management structure that identified the lines of authority and accountability. The recently appointed PIC reported to one of two providers. The PIC was supported by a key senior manager (KSM). The KSM was on annual leave on the day of inspection.

The quality of care and experience of the residents were monitored and developed on an ongoing basis. The centre had a robust system, benchmarked against the standards, in place to review and monitor the quality and safety of care and the quality of life of the residents on a regular basis. There was evidence of improvements brought about as a result of the learning from monitoring reviews, for example, the reduction of the use of particular medications.

There was evidence of consultation with residents and their representatives. Meetings were held with residents on a six monthly basis. A residents' satisfaction survey was carried out in 2012 and in 2013 and comments reviewed indicated that residents were very happy with the care they were receiving, complimentary of the food served and of how kind the staff were.

Judgment:

Compliant

Outcome 03: Information for residents

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

Each resident, on admission to the centre received an admission pack containing the contract of care, a resident's guide, a copy of the centre's complaints procedure and a leaflet on falls prevention.

Each resident had a written contract which was agreed on admission. A sample of residents' contracts reviewed indicated that each resident's contract of care dealt with the care and welfare of the resident in the centre, the services provided and the details of all fees being charged to the resident. Of the sample reviewed, all contracts were dated and signed.

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 PIC was recently appointed to the role and had worked in senior management roles prior to her appointment. The PIC, a registered nurse, was full time and had the minimum of three years experience in the area of nursing of the older person within the previous six years. The PIC ably demonstrated her knowledge of the residents, her clinical knowledge and knowledge of the legislation and statutory responsibilities. She was engaged in the governance, operational management of the centre on a regular and consistent basis. There was evidence that the PIC had participated in post graduate studies, for example, in healthcare management and in rehabilitation of the older person.

It was evident on the day of inspection that the centre was managed by a suitably qualified and experienced manager.

Residents were very familiar with the PIC.

Judgment:
Compliant

Outcome 05: Documentation to be kept at a designated centre

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

Theme:
Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The records listed in Schedules 2, 3, 4 and 5 of the Health Cat 2007 (Care and Welfare of Residents in designated centres for Older People) Regulations 2013 were maintained and in a manner so as to ensure completeness, accuracy and ease of retrieval.

The centre was adequately ensured against accidents or injury to residents, staff or visitors.

Records (hard and soft copy) were maintained in the centre and records reviewed were accurate and up-to-date. All records reviewed were kept secure but easily retrievable.

Residents, to whom records referred, were able to access them.

The centre had centre-specific policies which reflected the centre's practice and there was evidence that staff were knowledgeable in regard to the policies and procedures of the centre. There was evidence that the policies, procedures and practices were regularly reviewed to ensure the changing needs of the residents were met.

Judgment:

Compliant

Outcome 06: Absence of the Person in charge

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The PIC was aware of her statutory responsibility to notify the Authority if the PIC was absent for more than 28 days. When the PIC was absent for 28 days, the appropriate notification was forwarded to the Authority and the assistant director of nursing (ADON) was the identified person to take on the role of the acting PIC.

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):

No actions were required from the previous inspection.

Findings:

The centre had a policy on and procedures in place for, the prevention, detection and response to abuse. Staff training records reviewed indicated that all staff had attended training on this matter. Staff spoken to knew what constituted abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report any incident to. It was evident that processes were in place to monitor systems in place to protect residents and that there were no barriers to residents or staff disclosing abuse. Staff were observed interacting with the residents in a respectful and kind manner. Residents voiced their content with the care they received and spoke in a positive manner of how kind the staff were and how well the staff looked after them. Residents stated they felt safe. There had been no incident, allegation or suspicion of abuse in the centre.

The procedures in place to safeguard and protect residents' money concurred with Schedule 3 of the Regulations. There was evidence that all transactions were co-signed, dated and by the resident where possible.

The centre had a policy on and procedures in place for managing behaviours that challenge. This was reflected in the care plans of residents who exhibited episodic challenging behaviours. Training had been provided to staff on how to manage behaviour that was challenging.

The PIC stated that concerted efforts had been made to reduce the use of bedrails and that a restraint free environment was promoted. The centre's policy on the use of restraint gave clear guidance to staff on its' use. Staff had received training of the use of restraint.

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:

Policies and procedures relating to health and safety were up to date.

The centre had a risk management policy inclusive of the specified risks set out in regulation 26 (1). Furthermore, each resident had a specific clinical and/or environmental risk assessment. There was evidence that all residents, on admission to the centre, were risk assessed clinically and with regard to the environment.

A plan was in place for responding to major incidents or causes of serious disruption to essential services or damage to property. If circumstances necessitated that the centre be evacuated, a safe placement for residents was identified.

Satisfactory procedures consistent with the standards published by the Authority were in place for the prevention and control of healthcare associated infections. A container for clinical waste was stored in a secure manner. Hand gels, disposable gloves and aprons were appropriately located within the centre. Staff hand washing facilities were provided. Containers for used sharps and needles were securely stored and an arrangement was in place for the collection of clinical waste. Staff were observed wearing protective equipment (PPE) when engaging in personal care or housekeeping practices. A housekeeping staff member was very informed in regard to procedures on cleaning residents' bedrooms and en suites. A colour coded housekeeping system was in use.

Arrangements were in place for investigation and learning from incidents and adverse events involving residents.

There was evidence that measures were in place to prevent accidents in the centre and grounds.

The staff training matrix evidenced that all staff had attended training in moving and handling of residents. Residents who availed of hoist were assessed on a regular basis by the in-house physiotherapist. Each resident had a safe handling assessment of their activities performed on a regular basis by the physiotherapist.

Suitable fire equipment was provided. Records reviewed that the fire alarm and fire safety equipment were serviced on a regular basis. Procedures for the safe evacuation of residents and staff in the event of fire were prominently displayed throughout the centre. Training for staff on fire prevention was ongoing and records reviewed evidenced that all staff (day and night staff) had attended training in April 2014. A daily roll call of all residents was carried out and this safety check included checking the windows, doors and air mattresses.

Prior to the inspection, the provider had forwarded to the Authority written confirmation from a competent person that all the requirements of the statutory fire authority were

complied with.
Judgment: Compliant

Outcome 09: Medication Management <i>Each resident is protected by the designated centre's policies and procedures for medication management.</i>
Theme: Safe care and support
Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.
Findings: <p>The centre had operational policies relating to the ordering, prescribing, storing and administration of medicines to residents in line with guidance issued by An Bord Altranais agus Cnáimhseachais na hEireann</p> <p>The processes in place for the handling of medicines including controlled drugs, were safe and in accordance with current guidelines and legislation. The centre had a designated controlled drugs (MDAs) press. A spot check evidenced that the total of controlled drugs in the secure press corresponded with the documented balanced checked at staff handover.</p> <p>Staff were observed adhering to appropriate medication management practices. The medication trolley viewed was clean and maintained in a tidy manner.</p> <p>The centre had measures in place for the recording, storing and disposal of out of date medication.</p> <p>Regular auditing of medication management was carried out. There was evidence of audits on the use of psychotropic medications and laxatives. Residents availed of the external pharmacist supplying the centre. Medications were delivered on a weekly basis. Retention of medications as stock was minimal.</p> <p>A review of a sample of medication prescription and administration charts indicated full compliance with guidance issued by An Bord Altranais agus Cnáimhseachais na hEireann. There was evidence that residents' medication prescription charts were regularly reviewed by their general practitioner (GP).</p> <p>The procedure of transcribing medication was not operated in the centre.</p>
Judgment: Compliant

<p>Outcome 10: Notification of Incidents</p> <p><i>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</i></p>
<p>Theme:</p> <p>Safe care and support</p>
<p>Outstanding requirement(s) from previous inspection(s):</p> <p>No actions were required from the previous inspection.</p> <p>Findings:</p> <p>A record of all incidents occurring in the centre was maintained and, where required, notified to the Chief Inspector. Notifications and quarterly reports were forwarded to the Authority and within the appropriate timeframe. Where there had been no such incidents, a 'nil' return was made under section 65 of the Health Act.</p>
<p>Judgment:</p> <p>Compliant</p>

<p>Outcome 11: Health and Social Care Needs</p> <p><i>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.</i></p>
<p>Theme:</p> <p>Effective care and support</p>
<p>Outstanding requirement(s) from previous inspection(s):</p> <p>No actions were required from the previous inspection.</p> <p>Findings:</p> <p>Residents' health care needs were met through timely access to medical treatment. Residents had access to allied health care services (dietician, speech and language, dentist, optician, occupational therapy and specialist consultative services) which reflected their diverse care needs. Residents had access to an in-house physiotherapist. There was evidence that the care delivered encouraged the prevention and early detection of ill health.</p> <p>It was evident that admission to the centre concurred with the centre's policy on admissions. The assessment, care planning processes and clinical care accorded with evidenced based practice. Each resident had been assessed immediately before or on admission to identify his/her care requirements and choices. Residents had a choice of general practitioner (GP), where possible. There was evidence that residents were actively involved in the assessment and care planning process and that care plans were</p>

initiated within 48 hours of the resident's admission detailing their needs and choices. The centre had a policy to guide staff on the care of residents who were transferred or discharged from the centre.

Care plans reviewed reflected that care was delivered to the resident according to the care plan. It was evident that residents' care plans were reviewed regularly.

It was evident that treatments or care was given to residents with their consent. The care and treatment of the residents reflected the nature and extent of the residents' dependencies. It was evident that the clinical care requirements of residents with co-complex medical needs were addressed. Residents with wounds or a history of falls, diabetics, a resident with a requirement for a percutaneous endoscopic gastrostomy (PEG) tube for nutritional support, on particular medications, displaying episodic challenging behaviour were clinically assessed and had appropriate care planning to guide and inform staff.

Residents who availed of bedrails were supervised and checked on a regular basis and records reviewed indicated this. There was evidence that comprehensive risk assessments were carried out prior to the use of a bedrail and consents for the use of a bedrail was recorded.

Residents were aware of their care plans and stated that they had been discussed with them and two residents stated how they enjoyed being consulted and having an input into their care plan.

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:

Cahereen Care Centre, a purpose built facility, comprised the following:

- nine private /ensuite bedrooms
- three two-bedded/ensuite rooms
- six two-bedded bedrooms. The size and layout of the bedrooms were suitable to meet the needs of residents with a sufficient number of toilets, bathrooms and showers.

There were wash hand basins located in each bedroom. There was adequate private and communal accommodation.

The centre had a large day lounge with an adjoining dining room and a conservatory. The conservatory was under refurbishment. A separate kitchen with sufficient cooking facilities was accessible off the main dining room. Other rooms included secure sluicing facilities, two interlinking lockable store rooms, a housekeeping room, an office, an assisted bathroom, four public toilets and a sitting area in the front foyer. The in-house laundry was located downstairs. Staff access to this room was via an internal stairs or through an external door. Staff also had access to a laundry chute located on an internal corridor. The in-house laundry was clean and well organised and it was evident that a seamless system of work was in operation. While the door way to the corridor leading to the laundry and a store room was low, it was identified by a paint strip and a sign. The PIC stated that the height of the doorway had been reviewed and assessed by maintenance.

The design and layout of the centre was in line with the statement of purpose. The premises met the needs of all residents and promoted the residents' dignity, independence and well-being.

The premises and the grounds were well-maintained with suitable heating, lighting and ventilation. The centre was homely with sufficient furnishings, fixtures and fittings. The centre was clean and suitably decorated.

There was suitable storage for residents' belongings. Each bedroom accommodated for each resident:

- a bed
- bedside locker
- wardrobe
- a chair
- any specialised/assistive equipment or furniture that a resident might require

Shared rooms provided:

- privacy for personal care
- free movement of residents and staff
- free movement of a hoist or other assistive equipment
- free access to both sides of the bed by means of moving the bed. Residents informed the inspector that they felt more secure with their bed up against the bedroom wall.

Residents had access to safe external grounds to the front of the centre. Raised gardens, tended to by the residents were located adjacent a number of tables and chairs. Staff accompanied residents while sitting out in this area. Access to the rear garden was restricted due to the refurbishment of the conservatory.

There was a functioning call bell system in place.

Staff changing facilities and a staff kitchenette were located in a timber framed building adjacent the main building. Family overnight facilities and a secure file room were also accommodated here. A furnished timber decked area, available for staff and residents' visitors, circumvented part of the timber framed building.

Residents had access to equipment which promoted their independence and comfort. Equipment in the centre was stored in a secure manner and was regularly checked by a suitably qualified person. Training records reviewed indicated that staff were trained to use equipment. There was satisfactory provision of hand rails and grab rails throughout the centre. Electronic keypad accessible doors were located at the entrance. Key pad locks were installed on all doors requiring restricted entry.

There was evidence that a maintenance and décor programme was ongoing.

There was ample provision of car parking for visitors and staff.

Judgment:

Compliant

Outcome 13: Complaints procedures

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was evidence that the complaints of residents, families were listened to and acted upon.

Records reviewed indicated that all complaints were investigated and that responses and outcomes were noted.

There were processes in place to implement learning from complaints.

The PIC was the nominated person to manage complaints. There was a nominated person separate to the person nominated in article 34 (1) (c) to ensure that all complaints were appropriately responded to. Residents had access to the in-house advocate.

Judgment:

Compliant

Outcome 14: End of Life Care

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The centre's policy on end-of-life care was up to date, robust and comprehensive.

A sample of residents' care plans reviewed with regard to end-of-life care comprehensively captured residents' preferences at this time.

There was evidence that residents received care at the end of his/her life which met his/her physical, emotional, social and spiritual needs. Residents who spoke to the inspector spoke in a positive manner with regard to their care. Most residents expressed that in the event of becoming unwell, they would prefer to stay in the centre. This information was captured in the residents' care plans. Residents stated how they could pay their respects to the deceased resident/ friend and could attend funerals.

Deceased residents were remembered annually at a remembrance event.

Staff training records indicated that all staff had completed training on care of the resident at end of life.

The PIC had received training on the use of a syringe driver (a mechanical pump used to administer medications) in symptom management. Staff were knowledgeable in how to physically care for a resident at end of life and voiced how it was an honour to be there for the resident and their families at this time.

Religious and cultural practices were facilitated. Residents had the opportunity to attend religious services held in the centre, and had access to ministers from a range of religious denominations. The centre's policy included guidance to staff with regard to facilitating and engaging in cultural practices at end of life. Monthly mass and weekly prayers were held in the centre.

Family and friends were facilitated to be with the resident at approaching and at end of life. The centre had nine single bedrooms and nine two-bedded rooms.

Tea/coffee/snacks facilities were provided for relatives. Open visiting was facilitated. There was provision of a private sitting space, a sitting room and a conservatory. Overnight facilities for families, were available.

There was evidence in residents' care plans that residents had choice as to the place of death. The inspector reviewed a sample of care plans of deceased residents and noted that the residents had timely access to the GP, the out-of-hours service and specialist

services. There was evidence that families were regularly updated.

The PIC confirmed that residents had access to the local specialist palliative care service, when required and stated that the centre had close links with the local specialist palliative care team.

There was evidence that medication management was regularly reviewed and closely monitored by the GP.

The PIC stated that upon the death of a resident, his/her family or representatives were offered practical information on what to do following the death and on understanding loss and bereavement and that this included information on how to access bereavement and counselling services.

There was a protocol for the return of personal possessions. Residents' inventories were updated.

Judgment:

Compliant

Outcome 15: Food and Nutrition

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The centre had an up-to-date policies on food and nutrition.

Records of residents' meetings reviewed reflected that, overall, the residents were complementary of the food on offer.

The inspector met with the head chef who confirmed that either she or the other chef met formally with either the PIC or the staff nurse each Tuesday to receive an update of the current status of the residents pertinent to their nutrition. Informal updates were communicated on a daily basis. Up-to-date information with regard residents' dietary requirements was available in the kitchen. There was evidence that the chef sought the residents' opinion with regard to the menus. A rotating seasonal menu was in operation.

The inspector noted that staff levels were adequate to meet the needs of the residents during mealtimes. A menu with the choice of the day was displayed on leather bound menu cards on the dining tables and on the notice board. Pictorial menus were in progress.

There was evidence that ample choice was available to residents for breakfast, lunch and evening tea. On the day of inspection, the majority of residents had their breakfast in their rooms. Three residents chose to have their breakfast in the dining room. Breakfast was served between from 07:30 onwards. The breakfast choice included a hot breakfast, a variety of hot and cold cereals, breads, juices and fruits. The inspector noted and residents confirmed that a staff member came around daily informing them what was on the menu and confirmed that they had a choice in the menu.

A choice of main course was offered for lunch and desserts. Lunch was served at two sittings; the first sitting was at 12 midday and was mainly for residents who availed of assistance with lunch. Second lunch was served from 12:30hrs onwards. Some residents chose to dine in their rooms. Attractively set trays were prepared with the residents' lunch and each tray was unobtrusively identified with the resident's name. Lunch was served from a hot trolley by the head chef. Warmed plates of lunch in sufficient portions, were served and presented in an appetising manner. Gravies/sauces were served separately or added at the resident's choice. Residents voiced how the lunch was 'tasty', 'lovely' and 'hot'. Staff were observed assisting residents, particularly residents with a cognitive impairment, in a sensitive and discreet manner. Meal times were unhurried occasions and staff were observed using the mealtimes as an opportunity to engage with residents. Staff demonstrated in-depth knowledge of residents' likes and dislikes and particular dietary requirements. Low volume music played in the background.

Evening tea was served from 16:30hrs onwards and residents confirmed that a supper trolley containing snacks, was provided later in the evening. Light snacks, home baking and drinks were readily available throughout the day of inspection. Residents confirmed that they could request any food at any time.

A sample of care plans of residents' with particular medical issues and particular dietary requirements reflected that the residents had a specific care plan guiding their care. Residents had a malnutrition universal screening tool (MUST) assessment on admission and regularly thereafter. It was evident that staff were familiar with how to assess and use the tool. There was evidence that, when required staff completed a daily record of residents' nutritional and fluid intake/output. A sample of medication administration charts reviewed evidenced that nutritional supplements prescribed for residents by the GPs were administered accordingly. The head chef was up to date on what resident was prescribed a nutritional supplement.

Residents' weights were recorded monthly or more often. It was evident that the documentation of a weight loss/gain prompted an intervention including contacting the GP, a referral to the dietician and the commencement of food and fluid charts. The inspector was informed that the residents had access to dietetic services, speech and language therapy services and occupational therapy and there was evidence that resultant advices were incorporated into residents' care plans. Assistive cutlery and crockery required for residents with reduced dexterity were available.

The residents' dining room was bright and spacious. The dining tables were suitable adorned with tablecloths and floral centre pieces created by the residents, good quality

delph, cutlery, glass ware and cloth serviettes.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector evidenced minutes of residents' meetings which depicted how residents were consulted on the centre was run. The PIC stated that feedback was regularly sought from residents and relatives on an informal basis. Residents' meetings were held on a six monthly basis. On inspection, it was evident that the centre was managed in a way that took into consideration residents' wishes and choices. Residents spoken to confirmed this.

Residents could receive visitors in private. The centre had a varied activities programme which reflected the diverse needs of the residents. Residents had a choice of activities to attend which included for example, exercise classes, music sessions, beauty therapy, flower arranging, arts and crafts, dog therapy and library services. One to one sessions were also available to residents who preferred this.

It was evident that residents received care in a dignified manner and that the residents' privacy was maintained at all times.

Residents' surveys had been undertaken in 2012 and in 2013 and on review the surveys reflected a satisfaction with life in the centre.

Residents' communication needs were highlighted in their care plans and practices observed demonstrated that staff were very aware of the different communication needs of residents.

Residents had access to televisions in their bedrooms, access to newspapers and information on local events.

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:

The centre had a policy on residents' personal property and possessions. Sufficient storage space with a lockable facility, was provided for residents' personal possessions.

Arrangements were in place for the regular laundering of linen and clothing and the safe return of residents' clothing. Residents spoke in a positive manner with regard to how well their clothes were laundered and returned to them.

The method of recording and co-signing of residents' financial records was in concurrence with the centre's policy.

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:

On the day on of inspection there were appropriate staff numbers and skill mix to meet the needs of residents, and to the size and layout of the centre. There was an actual and a planned staff rota.

Training records reviewed indicated that an ongoing programme of staff training which included for example, infection control, continence management, medication management, first aid training, wound management, dysphagia and nutrition and end of life care. The education and training provided reflected the centre's statement of purpose.

Staff had up-to-date mandatory training and access to education and training to meet the needs of residents.

All staff were supervised on an appropriate basis. The PIC's confirmation that staff appraisal processes were in place and that all new staff engaged in an induction programme was evidenced by supporting documentation. This concurred with the centre's policy for new staff. Staff were aware of the centre's policies and procedures.

There were effective recruitment procedures that included checking and recording all required information. The requirements of Schedule 2 with regard to staff recruitment were met.

All relevant members of staff had up-to-date registration with the relevant professional body.

Volunteers were Garda vetted and volunteers received supervision appropriate to their role and level of involvement 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:

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