

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Cuil Didin Residential & Nursing Care
<b>Centre ID:</b>	OSV-0000219
<b>Centre address:</b>	Skahanagh, Tralee, Kerry.
<b>Telephone number:</b>	066 711 9090
<b>Email address:</b>	catriona.oconnor@cuildidin.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Cuil Didin Limited
<b>Provider Nominee:</b>	Catriona O'Connor
<b>Lead inspector:</b>	Mary O'Mahony
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	64
<b>Number of vacancies on the date of inspection:</b>	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.

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:
07 September 2017 12:30	07 September 2017 18:30
08 September 2017 09:00	08 September 2017 17:00

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 04: Suitable 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 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

This inspection of Cuil Didin Nursing Home by the Health Information and Quality Authority (HIQA) was announced and took place over two days. The provider/owner, who also held the position of person in charge, had applied to renew the registration of the centre. Throughout the two days of inspection the inspector met with residents, the provider/person in charge, staff members from all grades, relatives and administration staff. The inspector observed staff interaction with residents, care planning documentation and audit outcomes as well as the maintenance of records required by regulation.

The provider/person in charge was found to be committed to the provision of a home-like, person-centred care experience for residents. She displayed an excellent knowledge of the standards and regulations. She was proactive and innovative in her response to residents' expressed needs as well as promoting an awareness of residents' rights among staff, relatives and her peers. The person in charge informed

the inspector that "Cuil Didin" was the Gaelic translation of "nook of shelter". The inspector found that the lived experience of residents was one of feeling safe and content in this "nook". One resident told the inspector there was a great sense of "togetherness", "thoughtfulness" and "respectfulness" in the centre. He said "it's like we are all in this together". Residents spoke about feeling at home, feeling that they matter and they said that they were living fulfilled lives in their older years.

A number of completed HIQA questionnaires were reviewed prior to and during the inspection. The comments in the questionnaires were positive and revealed high satisfaction levels with accommodation, staff, food and access to meaningful activity. Community and family involvement were encouraged. Throughout the inspection residents spoke about the many outings to local events and places of interest during the year. Visitors were plentiful and external musicians and singers were seen to provide entertainment. On this inspection the centre was found to be compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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:**

The statement of purpose had been reviewed and updated in 2017. It described a service which aimed at providing individualised care for all residents. The inspector observed that care was delivered in a relaxed homely atmosphere. Services and facilities were described accurately. The statement of purpose contained the required regulatory details.

**Judgment:**

Compliant

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

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The quality of care and daily experience of residents were monitored and reviewed on an ongoing basis. Effective management systems were seen to be in place. The provider assured the inspector that there were sufficient resources in place to deliver safe and

quality care to residents.

The person in charge was supported by a good management structure with experienced management personnel in place. Clear lines of authority and accountability were set out. Detailed handover meetings were held by all staff. The inspector saw evidence of management and staff meetings and found that issues were addressed in a proactive way. Improvements were seen to have occurred as a result of the learning from audit outcomes.

There was evidence of consultation with residents and their relatives. The person in charge stated that residents had access to an external national advocacy agency. Contact details of this service were readily available to residents and their representatives. Relatives spoke with the inspector about the fact that staff frequently consulted with them if there was a change in the status of a resident or if any accident occurred. The inspector reviewed the results of residents' surveys, of residents' consultation meetings and of the HIQA questionnaires for this inspection which confirmed the aforementioned statements.

**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 held the post full time. She was a registered nurse with the required knowledge of the sector and of management systems. She demonstrated clinical knowledge and a sound knowledge of the legislation and her statutory responsibilities. The person in charge was engaged in governance, operational management and administration associated with her role and responsibilities. A diverse range of clinical audits were ongoing to inform practice and improve quality of service and safety of residents. The person in charge along with supportive staff demonstrated a clear commitment to delivering quality care to residents, while continually striving for excellence.

**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:**

Policies and procedures were in place for the prevention, detection and response to abuse. This had been updated and referenced best evidenced-based information and practice. Staff with whom the inspector spoke were knowledgeable of the types of abuse and what to do in the event of an allegation, suspicion or disclosure of abuse. Staff stated that they received regular, relevant training sessions. Training records were reviewed which confirmed this. Residents stated they felt safe and attributed this to the attentiveness and kindness of staff.

Systems were in place to safeguard residents' money and this system was monitored by the provider and administrator. This system included two staff signing for any money lodged or withdrawn. A sample of financial records checked were seen to be in order. The inspector viewed receipts and invoices for residents' fees which correlated with electronic records. The administration officer stated that there was a transparent approach adopted to financial matters. The centre acted as pension agent for a small number of residents. All the required documentation for this practice was seen to be in place and accessible to inspection.

The use of bedrails was notified to HIQA as required by the regulations and these were checked regularly when in use. Consent for their use had been signed and the inspector viewed the risk assessments which had been undertaken prior to their use.

A policy on managing behaviour which was related to the psychological and behavioural symptoms of dementia (BPSD) was in place. This had been updated in June 2017. Efforts were made to identify and alleviate the underlying causes of such behaviour. Documentation was in place which indicated that distraction and de-escalation techniques were employed as a first response. Staff spoken with were aware of this policy and had received training to update their knowledge and skills.

**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:**

A health and safety statement was in place and had been updated in June 2017. Risk assessments were specific to the centre and to the promotion of residents' safety and independence. Controls were in place to prevent accidents such as falls. For example, handrails were available on each corridor, grab-rails were located in toilets, the floor covering was safe and an audit of health and safety aspects was undertaken monthly. Risk assessments were updated following incidents.

The procedures in place for the prevention and control of infection were satisfactory. For example, hand gels were in place and hand-washing facilities were easily accessible. The person in charge stated that a contract was in place for the disposal of clinical waste. Arrangements were in place for responding to emergencies.

Suitable fire equipment was provided and there were adequate means of escape from the premises. A record was maintained of daily checks in relation to fire exits, ensuring the alarm panel was working and weekly testing of the fire alarm. The fire alarm panel, fire safety blankets and emergency lighting were serviced periodically and all fire equipment was serviced on an annual basis. These records were viewed by the inspector. The procedure for the safe evacuation of residents and staff was prominently displayed. Staff received training in fire safety. Fire drills were organised on a regular basis. Records of one fire drill were reviewed by the inspector. This took place in July 2017 and 29 residents were evacuated efficiently and safely. Documentation revealed that all staff had been involved in a fire drill in September 2017 also, including the night staff. Maintenance personnel were reported as being responsive, readily available and effective, as regards addressing issues such as faulty equipment, garden works and safety committee input. For example, the inspector reviewed a recent health and safety audit report with one of the maintenance personnel. Records were viewed which indicated that the highlighted issues had been addressed.

Staff were trained in moving and handling of residents. Training records viewed by the inspector confirmed this. Documentation was available which indicated that moving and handling equipment was serviced regularly internally and externally. There was a well-equipped smoking room in the centre with associated risk assessments and controls seen to be in place.

**Judgment:**

Compliant

***Outcome 09: Medication Management***



***Each resident is protected by the designated centre's policies and procedures for medication management.***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

The designated centre's policies and procedures for medicine management were detailed and comprehensive. The inspector reviewed policies related to the ordering, prescribing, storing and administration of medicines. The general practitioner (GP) reviewed medicines on a three-monthly basis. Medicines which were required to be crushed had been prescribed, in this form, for residents, where appropriate. The inspector was shown an innovate documentation system which had been introduced by the GP. This involved three different medicine administration sheets for residents. There was a different colour for regular medicines, PRN (when necessary) medicines and once only medicines, for example antibiotics. The staff stated that this had reduced errors as well as enabling and supporting the regulatory requirement for three-monthly medicine reviews.

The processes in place for the handling of medicines, including controlled drugs were safe and in accordance with current guidelines and legislation. According to records seen staff followed appropriate medicine management practices and medicines were administered as prescribed. Where necessary blood tests were carried out when required for certain medications such as, insulin and Warfarin (blood thinning medicine). There were appropriate procedures for the handling and disposal of unused and out-of-date medicines in the centre. Safe medicines management practices were reviewed and monitored. For example, the pharmacist carried out an audit in the centre and the clinical nurse managers checked the medicine stock and residents' prescriptions on a monthly basis. Pharmacists were facilitated to meet their regulatory responsibilities to residents. Residents had a choice of pharmacist and GP, where possible. The person in charge stated that the pharmacist facilitated staff training and was available to speak with residents. Staff informed the inspector that they had completed medicine management training.

**Judgment:**

Compliant

***Outcome 10: Notification of Incidents***

***A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

Three day and quarterly notifications were submitted to HIQA as required. The person in charge and senior staff were found to be knowledgeable of the regulations related to notifications. A record was maintained of incidents and appropriate interventions were documented. Risk analysis and risk assessments were carried out following incidents and controls were seen to be reviewed where necessary.

**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 treatment. Residents had access to allied health care services as follows: dietician, speech and language (SALT), dentist, optician, occupational therapy(OT), physiotherapist, psychiatrist and gerontological consultants. There was evidence that the care delivered encouraged the prevention and early detection of ill health. The person in charge explained that the centre had a close relationship with the local HSE services particularly, the consultants, the public health nurses and the occupational therapist. Residents benefitted from the availability of timely referrals and the person in charge informed the inspector that there was shared learning between the public and private experts in the sector. Each resident had been assessed immediately before or on admission to identify his/her care requirements and needs. Residents had a choice of general practitioner (GP) and pharmacy.

There was evidence that residents were actively involved in the assessment and care planning process and that care plans were initiated within 48 hours of the resident's admission detailing their needs and choices. Care plans reviewed reflected that care was delivered to the resident according to the care plan. The inspector found that residents' care plans were reviewed regularly. Residents were aware of the care plan system and

stated that plans had been discussed with them. Relatives also confirmed that care plan review meetings were held regularly. The centre had a policy to guide staff on the care of residents who were admitted, transferred or discharged from the centre.

The care and treatment available to residents reflected the nature and extent of their needs. It was evident that the clinical care requirements of residents were addressed. For example: residents with wounds or a history of falls, diabetics, those on particular medications, specific feeding regimes and residents with behaviour changes, were clinically assessed and had appropriate care plans in place to guide and inform staff. In addition, residents at risk of losing weight were observed closely for a period of time using the centre's "at-risk mandatory programme". During this time the resident was assessed by the dietician, SALT and the GP: food and food records were maintained and assessed daily: diet was modified if necessary and the resident's MUST (Malnutrition Universal Screening Tool) was used to evaluate the risk of malnutrition.

Social care needs were catered for on a daily basis and residents stated that the centre had become their "home". A variety of activities and events took place on an on-going basis, These were discussed under Outcome 16: Residents' rights, dignity and consultation.

**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:**

The premises was purpose-built as a nursing home and could accommodate 64 residents. There were 46 single bedrooms and nine twin bedrooms in the centre all of which had full en-suite facilities. Additional communal rooms included a dining room, two sitting rooms, a visitors' room and one meeting room. There was additional seating available to residents in the reception area. this was seen to be in use throughout the inspection with residents using the area to socialise, meet up with friends and chat with relatives. Suitable seating areas were in place throughout the centre in addition to a large arts and crafts room, a well laid out oratory, a gym, staff facilities and additional assisted toilets, shower rooms and specialist baths.

The premises was freshly decorated and was bright, clean, well maintained and safe. A programme of painting and decorating was carried out annually. Safe secure outdoor garden areas were available for residents' use and these were well maintained. Landscaped gardens with seating and walkways for residents were seen at the front and sides of the building.

**Judgment:**

Compliant

***Outcome 13: Complaints procedures***

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

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

The centre had an up-to-date policy and procedure for the management of complaints. The complaints procedure was displayed in a prominent place and a copy was included in the residents' guide and in residents' contracts of care.

The person in charge was the nominated person to ensure that all complaints were appropriately responded to. There was an appeals process in place. Advocacy and ombudsman details were displayed for residents' and relatives' use. Residents spoken with by the inspector stated that they could raise any issue or concern with staff.

A record of all concerns and complaints was maintained including the details of the complaint any actions taken and whether or not the complainant was satisfied. The inspector reviewed the complaints and noted that they were addressed in a satisfactory manner.

**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 person in charge informed the inspector that she met with residents every day and sought feedback with regards to social care and any concerns. Residents attended the residents' forum meetings also. Minutes of the most recent residents' meeting indicated that a wide range of subjects were discussed. Information on the external advocacy service was displayed. Families and representatives were asked to complete an annual survey. According to relatives and residents spoken with any issues raised at meetings and in surveys, were addressed. Residents were facilitated to exercise their political rights, and voting was accommodated both in the centre and in the community.

The statement of purpose emphasised the importance of residents receiving care in a dignified way that respected their privacy. Practices in the centre ensured this; for example, screening curtains were drawn in twin rooms when personal care was being attended to. Residents could access computers, mobile phones and a wide range of technology. A room was available for residents to receive visitors in private, if required. This room was seen to be utilised during the inspection. Visits were unrestricted.

Staff were aware of the communication needs of individual residents and systems were in place to meet their diverse needs. Staff were seen engaging with residents respectfully and with appropriate humour. During the inspection residents were seen to sit and chat together in the hallway, dining and sitting rooms.

Residents' life stories were recorded and were utilised to organise meaningful activities and appropriate outings. Life stories were developed over a period of time and were supported by family involvement. There were plentiful opportunities for residents to participate in activities which suited their needs, interests and capability. Residents were encouraged to partake in newspaper reading, quizzes, conversation and card games in order to promote and maintain cognitive capabilities. Opportunities to enhance residents' mental wellbeing were provided by showing old films and reminiscing afterwards on the residents' life experiences. Throughout the inspection there were a number of activities planned. The inspector was present for a music/singing session, a quiz, a word game and an object identification game. Residents were served tea and a choice of beverage at this time. Members of the activity co-ordination staff facilitated these. There was a happy, contented atmosphere in the home created by the interactions between residents and staff.

The person in charge showed the inspector the renovated Volkswagen Beetle which had been made available for residents' use. The person in charge stated that residents were brought out in this car to local areas of interest, to the races and to restaurants/bars. In addition, residents were brought to town if they wanted to shop or go to the post office. There was an emphasis on promoting health and residents' general well-being: during

the inspection residents were seen walking in small groups around the grounds each morning. Staff explained to the inspector that they had set up a "flag pole camino walk". A flag pole had been placed at one end of the garden path and residents used that as a marker for their walk. This idea was generated between staff and residents when the person in charge had taken part in the "Camino" walk abroad.

**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:**

Staff were seen to be responsive to residents and were very caring. The inspector found that they had an in-depth knowledge of residents' needs as well as their preferred daily routine. Supervisory staff were spoken with and they said that detailed hand-over reports were held at various times during the day. The inspector observed that at 12.00 and 16.00 on each day of inspection a full team meeting was held where information about health and safety and care needs was exchanged. Similar to findings on previous inspections this remained a learning organisation and training was on-going during the inspection.

Staff were supervised appropriate to their role and the roster reflected the number of staff on duty on the days of inspection. A staff appraisal system, a mentoring system and a robust induction programme were implemented for all staff. Staff stated that they sometimes repeated the induction process as a refresher course.

Staff spoken with were aware of the reporting mechanisms and the line-management system. Staff demonstrated a clear understanding of their role and responsibilities. Staff meetings were held regularly and staff stated that communication between staff and management was clear and unambiguous. Formal care management meetings were organised twice in the month.

The person in charge informed the inspector that that she was satisfied that there were

sufficient staff on duty to meet the needs of residents. Training records revealed that there was a very good level of appropriate and mandatory training provided to staff. In addition, staff were supported to deliver care that reflected contemporary evidence-based practice. Registration details with An Bord Altranais agus Cnaimhseachais na hEireann for 2016 were maintained for staff. A sample of these were seen by the inspector. Staff files were seen to be maintained in an accessible and comprehensive manner. These were seen to contain all the regulatory requirements set out in Schedule 2 of the regulations.

**Judgment:**

Compliant

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

### ***Report Compiled by:***

Mary O'Mahony  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

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