

**Health Information and Quality Authority  
Regulation Directorate**

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



|   |  |
|---|--|
| <b>Centre name:</b>                                       | Brookhaven Nursing Home                                  |
| <b>Centre ID:</b>   | OSV-0000207  |
| <b>Centre address:</b>                                    | Donoughmore,<br>Ballyraggett,<br>Kilkenny.               |
| <b>Telephone number:</b>                                  | 056 883 0777   |
| <b>Email address:</b>                                     | info@brookhaven.ie                                       |
| <b>Type of centre:</b>                                    | A Nursing Home as per Health (Nursing Homes)<br>Act 1990 |
| <b>Registered provider:</b>                               | Brookhaven Nursing Home Limited                          |
| <b>Provider Nominee:</b>                                  | Gearoid Brennan  |
| <b>Lead inspector:</b>                                    | Ide Cronin   |
| <b>Support inspector(s):</b>                              | None   |
| <b>Type of inspection</b>                                 | Announced  |
| <b>Number of residents on the<br/>date of inspection:</b> | 70   |
| <b>Number of vacancies on the<br/>date of inspection:</b> | 1  |

## **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:                |
| 18 July 2017 09:45 | 18 July 2017 16:15 |
| 19 July 2017 09:10 | 19 July 2017 14:15 |

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 11: Health and Social Care Needs                | Compliant           |
| Outcome 12: Safe and Suitable Premises                  | Compliant           |
| Outcome 13: Complaints procedures                       | Compliant           |
| Outcome 14: End of Life Care                            | Compliant           |
| Outcome 16: Residents' Rights, Dignity and Consultation | Compliant           |
| Outcome 18: Suitable Staffing                           | Compliant           |

**Summary of findings from this inspection**

This report sets out the findings of an announced registration renewal inspection, carried out by the Health Information and Quality Authority (HIQA). Brookhaven Nursing Home is a purpose built residential nursing home which opened in 2006.

As part of this inspection the inspector reviewed progress on the 15 action plans generated from the previous inspection in September 2016. The management team had ensured there had been significant work done in these areas and all actions were addressed. Documentation submitted by the provider as part of the application to register was also reviewed prior to the inspection. During the course of the inspection, the inspector met with residents, relatives, staff, the person in charge, nurse managers and provider nominee. The views of residents and staff were listened to, practices were observed and documentation was reviewed.

The collective feedback from residents and relatives on the days of inspection and from resident and relative feedback in pre-inspection questionnaires was satisfactory in relation to care and the service provided. Residents had the opportunity to participate in recreational opportunities to suit their capabilities and interests as observed by the inspector. Residents expressed satisfaction with the staffing levels and skill mix and said they felt safe and very well looked after in the centre.

Overall, the inspector found that care was delivered to a high standard by staff who knew the residents well and discharged their duties in a respectful and dignified way. A person-centred approach to care was observed. Residents appeared well cared for and expressed satisfaction with the care they received in the centre and confirmed that they had autonomy and freedom of choice. Residents spoke positively about the staff who cared for them.

Systems and appropriate measures were in place to manage and govern this centre. The provider nominee, person in charge and management team responsible for the governance, operational management and administration of services and resources demonstrated sufficient knowledge and an ability to meet regulatory requirements.

The management team were very involved in the daily operation of the centre. They had a very visible presence in the centre and were observed to spend a lot of time with residents and their families. The commitment of the provider entity to deliver individualised, holistic care that meets the health and social care needs of residents was also evident in their involvement in the personal and professional development of the overall service and staff team.

The inspector found there was a high level of compliance with the requirements of 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).

There were no action plans generated from this report.

**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 since the last inspection and it detailed the aims, objectives and ethos of the centre, outlined the facilities and services provided for residents and contained information in relation to the matters listed in Schedule 1 of the regulations.

The inspector observed that the statement of purpose was in an accessible format to residents and that it was implemented in practice.

**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 arrangements and 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 explicit lines of authority and accountability.

Staff confirmed that good communications exist within the staff and management team. Residents highlighted the positive interactions and support provided by the entire team. Minutes of staff and management meetings were recorded and available. Staff and residents were familiar with current management arrangements.

Systems were in place to ensure that the service provided met residents' needs, was safe, effectively managed and monitored. There was a residents' committee that met regularly and the inspector observed that the regular meetings gave them a forum to express their views and that changes were made as a result of their opinions.

A comprehensive auditing and review system was in place to capture statistical 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, nutritional risk and hand hygiene. The inspector saw that where deficits were identified corrective action plans were completed within designated timeframes thus ensuring positive outcomes for residents.

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. Interviews with residents during the inspection and satisfaction surveys completed by or on behalf of residents in preparation for this announced inspection were extremely positive in respect to staff, the provision of the care, the facilities and the overall service provided.

There was evidence of consultation with residents and their representatives in a range of areas on a daily basis and a formal resident forum was held regularly. Other opportunities for consultation were captured when staff were engaged in reviewing and assessing the needs of residents and care planning process, during social activities and during discussions at meal times. Any issues that arose following consultations with residents were managed to ensure corrective action was taken as observed by the inspector. There was an advocate who came to the centre on a regular basis to meet with residents and discuss any issues that they may arise.

**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 has not changed since the previous inspection of the centre. She held authority, accountability and responsibility for the provision of the service and also had the qualifications and experience required by the legislation.

Throughout the inspection it was noted that there was daily engagement in the governance, operational management and administration of the centre. The person in charge facilitated the inspection process by providing documents and having good knowledge of residents' care and conditions and was focused on developing a culture of quality improvement and learning to drive improvements in the standard of care delivered to residents.

Mandatory training in adult protection, manual handling and fire safety was current and her registration was up to date with an Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland).

**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:**

Measures were in place to protect residents from being harmed or suffering abuse.

There was a policy which provided guidance for staff to identify and manage incidents of harm or elder abuse. This included information on the various types of abuse, assessment, reporting and investigation of incidences. The policy referenced the Health Service Executive Safeguarding Vulnerable Persons at Risk of Abuse, National Policy and Procedures (2014).

The person in charge was the designated contact person within the centre. Staff confirmed to the inspector that they were aware of the designated officer. There was a record of visitors' maintained and this was located at the entrance to monitor the movement of persons in and out of the building to ensure the safety and security of

residents.

The inspector viewed training records and saw that all staff had received training on identifying and responding to elder abuse. Staff who spoke with the inspector were able to identify the different categories of abuse and what their responsibilities were if they suspected abuse or were uncomfortable with how a resident was being treated. Staff told the inspector that the care of the residents was paramount and they would report any suspicion or allegation of abuse.

The inspector saw that expert advice from the relevant professionals was sought where necessary before commencing any psychotropic medication or any use of physical restraint. There was no chemical restraint used on a p.r.n (a medicine only taken as the need arises) as observed by the inspector. The use of psychotropic medicines was audited on a regular basis.

Three monthly reviews of all medicines were undertaken. The nursing team were clear on the considerations they would give with regards to whether or not psychotropic medicines were needed in consultation with the medical team. There were policies in place on responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) and the use of restrictive practices. Supporting assessment tools were available. The inspector observed that residents had been regularly reviewed by their GP, and were referred to psychiatry of later life for further specialist input as necessary. Staff had received training on responsive behaviours.

There was an up-to-date centre specific policy on restraint which was based on national guidance. A culture of promoting a restraint free environment with an increase in the use of alternative safety measures such as low-low beds were in place. Evidence of alternatives considered or trialled was available. In discussion with the clinical nurse manager on the use of bedrails she described how most were used as an enabling function, many had been requested these and others were in place for the purpose of positioning or enhancing the residents' function. Two residents out of 71 were using full length bed rails.

Residents who spoke with the inspector confirmed they were happy living in the centre. Residents told the inspector that they felt very safe and secure in the centre. All were full of praise for staff working in the centre and felt safe and well cared for. The inspector observed interactions between residents and staff were mutually respectful friendly and warm.

There was a system in place to safeguard residents' money. Small amounts of cash held on behalf of residents was securely stored, with access limited to the person in charge and her deputy. All transactions were recorded and had been triple signed which included the residents' signature where possible. A sample of resident account balances was checked by the inspector, all of which were found to be correct. The person in charge confirmed that all staff had An Garda Síochána vetting completed.

**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 inspector found that the health and safety of residents, staff and visitors in the centre was promoted and protected. There was an up-to-date health and safety statement dated June 2017. There was a risk management policy that was in line with the regulations. The inspector reviewed the emergency plan and found that it provided sufficient guidance to staff on the procedures to follow in the event of an emergency. Reasonable measures were in place to prevent accidents in the centre and within the grounds.

Clinical audits of incidents, falls, wounds, pressure ulcers, medicines management and restraint use were maintained to monitor resident ongoing or changing needs, and to mitigate identified risk and an overall reduction of likely incidents and events. The inspector saw that accidents/incidents were analysed on a monthly basis. This information was then disseminated at various staff meetings as observed by the inspector. A risk register along with internal health and safety inspections were completed by the safety officer and safety representative.

A fire safety register and associated records were maintained and precautions against the risk of fire were in place. Records confirmed that the fire alarm system and fire safety equipment including emergency lighting and extinguishers were serviced appropriately and serviced on a regular basis. Directional signage was visible in prominent places. Means of escape and fire exits were unobstructed as observed by inspector.

All staff were trained in fire safety and those who spoke with the inspector knew what to do in the event of a fire. All residents had personal emergency evacuation plans completed. The inspector saw that regular fire drills had been completed throughout the year and reflected both day and night time scenarios.

The centre was clean and well maintained. Suitable furniture, fittings and equipment were available to staff and residents. Procedures and arrangements were in place to prevention and control of healthcare associated infections. Hand gels, disposable gloves and aprons were appropriately located within the centre. Clinical waste and containers for used sharps and needles were stored in a secure manner and there was an arrangement in place for the collection of clinical waste.

The training records showed that staff had up-to-date training in moving and handling. There was sufficient moving and handling equipment available to staff to meet residents' needs. Each resident's moving and handling needs were identified and outlined in an assessment. There was evidence that incidents were being reviewed and appropriate actions taken to remedy identified defects.

Measures had been put in place to facilitate the mobility of residents and to prevent accidents. These included the provision of handrails in circulation areas, grab-rails in assisted toilets and safe flooring in toilets and bathrooms. The centre had wide corridor enabling easy access for residents in wheelchairs and those people using walking frames or other mobility appliances.

The provider had contracts in place for the regular servicing of equipment. The inspector saw that equipment such as specialist beds, hoists, wheelchairs and clinical equipment were regularly checked and serviced.

**Judgment:**

Compliant

***Outcome 09: Medication Management***

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

**Theme:**

Safe care and support

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

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

**Findings:**

The inspector reviewed a sample of prescription records and saw that they complied with best practice and included the maximum doses of p.r.n medicines to be administered over any 24 hour period. Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medicine and reduce the risk of a medication error. The prescription sheets reviewed were clear and the signature of the general practitioner (GP) was in place for each drug prescribed in the sample of drug charts examined. There was evidence of residents' medicines being reviewed on a regular basis.

Medicines were stored securely in the centre in medicine trolleys or within locked storage cupboards. A secure fridge was available to store all medicines and prescribed nutritional supplements that required refrigeration, and temperatures were checked and recorded on a daily basis.

The system for storing controlled drugs was seen to be secure. Controlled drugs were stored safely in a double locked cupboard and stock levels were recorded at the beginning/end of each shift in a register in keeping with the Misuse of Drugs (Safe

Custody) Regulations,1982. The inspector examined sample of medicines available and this corresponded to the register.

There were procedures to ensure medication practices were reviewed and monitored. The pharmacist was facilitated to meet all necessary obligations to residents in accordance with guidance issued by the Pharmaceutical Society of Ireland, and visited the centre on a regular basis conducting audits of medicines management practices in the centre. All nurses were trained in medicines management.

Systems were in place for ordering, supply and dispensing methods. There were appropriate procedures for the delivery and collection by the pharmacy, and checking, storage, return and disposal of medicines by nurses.

Medication related incidents, near misses and errors were identified, reported and there were arrangements in place for investigating incidents. Learning from incidents was clearly documented and preventative actions were seen to be implemented.

**Judgment:**

Compliant

***Outcome 11: Health and Social Care Needs***

***Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.***

**Theme:**

Effective care and support

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

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

**Findings:**

The inspector found that a good standard of personal care and appropriate medical and allied health care access was in place. An electronic care planning system was in place. The inspector reviewed a sample of four care plans and found that assessment and care planning was specific enough to direct the care to be delivered or guide staff on the appropriate use of interventions to consistently manage the needs of residents.

A pre-admission assessment was completed by the person in charge to ensure the centre could meet the needs of prospective residents. Regular reviews of residents overall health was found on admission, readmission following return from acute hospital care and as required according to changing needs of residents.

There was evidence that timely access to health care services was facilitated for all

residents. Many residents were noted to have a range of healthcare issues and the majority had more than one medical condition. There were five general practitioner (GP) dedicated to attending to the needs of the residents and an "out of hours" GP service was available if required.

The records reviewed confirmed that residents were assisted to achieve and maintain the best possible health through medication reviews, blood profiling and other diagnostics when required. There was good supervision of residents in communal areas and good staffing levels to ensure resident safety was maintained.

The arrangements to meet residents' assessed needs were set out in individual care plans. The care plans provided good guidance for staff and interventions outlined were being adhered to so that residents' welfare was protected. The inspector found that in areas such as dementia, end of life, nutrition and wound management a good standard of evidence based care was in place.

There was evidence in care plans of good links with the mental health services. Behavioural charts were available to record a pattern of altered behaviours. These were reviewed and used to inform a planned care pathway to meet resident's needs and reviews by the GP and psychiatry team. There was evidence of access to specialist and allied health care services to meet the care needs of residents such as opticians, dentists and chiropody services. Access to palliative care specialists, dietitian, physiotherapy and speech and language were also available.

Staff conveyed that they knew residents personally and they had good knowledge and understanding of each resident's background and lifestyle prior to admission. There was evidence in the record that communication with families had a high priority. Residents' preferences and dislikes were outlined and these were established with family members if residents had memory or communication problems.

There was information about leisure interests and these were taken into consideration when the activity schedule was planned. A comprehensive varied activity programme was run by an activity coordinator. This is further outlined under Outcome 17. There was a record of the residents' health condition and treatment given completed twice daily and more frequently when changes in health were evident.

**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 layout and design of the centre was suitable for its stated purpose and met the needs of the residents. The centre is a purpose-built single storey building which comprised of several wings. The inspector saw that the different named wings had been painted in contrasting bold colours to optimise functioning and support residents and relatives navigating their way around the centre. All of the bedroom doors were painted in different colours which residents had chosen themselves. The inspector saw that one door had been painted with the colours of the Kilkenny hurling team. The inspector saw that unique identifiers such as pictures and photographs were on bedroom doors to help residents to identify their bedroom. Residents told the inspector that they were delighted with the colour schemes and pictures on their doors.

An array of communal spaces were available to residents including dining rooms, a relaxation room, an oratory and a spacious activity room. A smoking room was available, with appropriate ventilation in place. Several secure external gardens were easily accessible across the premises. Corridors in the centre were wide and spacious, and seating had been placed at intervals along corridors. Hand rails were in place along all corridors to support independent movement of residents. Paintings and photos of residents were displayed on corridors throughout the premises, and signage was also displayed on toilets and at junctions to direct residents to communal rooms and other areas within the centre.

Sixty one single bedrooms and 5 double rooms provided accommodation to residents, all of which had ensuite facilities. Bedrooms were spacious and comfortably furnished, and some bedrooms were found to be personalised by residents with possessions and furniture. Bedrooms contained suitable storage, a call bell and any assistive equipment that a resident may require. There was a sufficient number of toilet, shower rooms and bathrooms available to residents.

The centre was clean, warm, well ventilated and a maintenance system was in place. The reception was staffed daily by two administration staff members. Entry and exit to the centre via the main entrance was monitored and controlled by an electronic keypad and or staff. The person in charge's office was located off the main reception area.

Car parking facilities were available at the centre. Closed circuit television (CCTV) cameras were provided on corridors and externally at all entrances ensuring additional safety and security for residents.

**Judgment:**

Compliant

***Outcome 13: Complaints procedures***

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

**Theme:**

Person-centred care and support

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

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

**Findings:**

There was a written operational policy and procedure relating to the making, handling and investigation of complaints. The procedure identified the nominated person to investigate a complaint and the appeals process.

This was displayed in a prominent position and residents and relatives who spoke with the inspector was aware of the process and identified the person whom they would communicate with if they had an area of dissatisfaction.

The independent advocacy service was advertised and details of the Office of the Ombudsman were listed in the complaints policy. The inspector examined the complaints records and found that they had been recorded, investigated and addressed to the complainants' satisfaction

**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):**

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

**Findings:**

On the previous inspection it was found that all residents did not have an end-of-life care plan in place. This action had been addressed.

Staff provided end-of-life care to residents with the support of their medical practitioner and palliative care services. The inspector reviewed a sample of end-of-life care plans. The end-of-life care plans in place outlined the physical, psychological and spiritual needs of each resident on an individual basis, including their preferences regarding their

preferred setting for delivery of care.

Single rooms were available for end-of-life care and relatives were accommodated in the centre to be with the resident at this time of their lives. Residents told the inspector that they had good access to religious clergy as they wished.

Staff had attended training in end-of-life care as observed by the inspector. Community palliative services attended the centre to support residents with pain and symptom management on referral of residents by staff.

**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:**

There was an activity coordinator who delivered the activity programme over a six day period. The inspector spoke with the activities coordinator. The inspector found that she was very enthusiastic and dedicated to improving quality of life for residents. The inspector found that she had intimate knowledge of each resident and their past history in relation to their personal and working life.

There was a planned detailed activity programme in place which was displayed. Group activities on the days of inspection included a quiz and bingo. Some residents preferred to stay in their rooms and the activity coordinator would visit them on a daily basis. Since the previous inspection staff had completed an observation tool the quality of interaction schedule or (QUIS) tool. The inspector was informed by staff that they found it very beneficial. As a result of completing the tool a nurse was rostered each day to supervise and assist in the dining room. Therefore staff who were sitting at tables with residents were not continuously disturbed and could positively engage with residents throughout the meal.

The inspector sat and observed residents having lunch for a period of time and found that all staff were seated with residents and they interacted with residents throughout the meal discussing topics current in the news, weather or just general chat. The

observation period returned a positive result in that staff had engaged positively and meaningfully with residents.

The inspector also observed that where residents required supervision in communal areas that staff used these opportunities to engage in a meaningful and person-centred way. Staff, including the provider, person in charge and management team were observed to take time to chat to each resident. One to one time was scheduled for residents with dementia or cognitive impairment or who would not participate in the group activities, and individually oriented activities linked to residents' interests were facilitated such as hand massage and general chat.

In conversation with some residents the inspector learned that all were very pleased with the activity programme, the bingo session being a particular favourite. The residents were also very complimentary of the manner in which staff met their needs. The inspector observed that the communal areas were well supervised by staff.

There was evidence of a good communication culture amongst residents, the staff team provider and person in charge. Staff worked to ensure that each resident received care in a dignified way that respected their privacy. Staff were observed knocking on bedroom and bathroom doors. Residents were well dressed. Personal hygiene and grooming were well attended to by care staff. The inspector observed staff interacting with residents in a courteous manner and respecting their privacy at appropriate times.

Residents were facilitated to exercise their civil, political and religious rights. Residents confirmed that their rights were upheld. Residents' right to refuse treatment or care interventions were respected as evidenced through the care planning process. Residents were satisfied with opportunities for religious practices.

Feedback from residents on the level of consultation with them and access to meaningful activities was generally positive. Residents and relatives spoken with by the inspector expressed a high level of satisfaction with the service they received and their quality of life in the centre. Residents said staff were quick to respond to their call bells and regularly enquired if they were okay. There was a policy of open visiting in the centre with protected mealtimes. The inspector observed visitors calling to see residents throughout the days of inspection.

Residents had access to a variety of national and local newspapers and magazines to reflect their cultural interests and heritage. These were located in easily accessible areas and available to residents daily as observed by the inspector. A residents' forum was in place and minutes of meetings were viewed by the inspector. There were several safe secure outdoor spaces available for residents.

**Judgment:**  
Compliant

### ***Outcome 18: Suitable Staffing***

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

**Theme:**

Workforce

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

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

**Findings:**

The inspector formed the judgement through observation, speaking with staff and review of documentation that there was an adequate complement of nursing and care staff with the required skills and experience to meet the assessed needs of residents taking account of the purpose and size of the designated centre. Residents spoken with confirmed that staffing levels were good stating they never had to wait long for their call bell to be answered or their requested needs to be met. A staff rota was maintained with all staff that worked in the centre identified. Actual and planned rosters were in place.

A daily communication system was established to ensure timely exchange of information between shifts which included updates on the residents' condition. There was evidence of regular staff meetings taking place. The inspector observed that staff appraisals took place on an annual basis. Good supervision practices were in place with the nurses visible on the floor providing guidance to staff and monitoring the care delivered to residents.

Staff confirmed that they had sufficient time to carry out their duties and responsibilities and explained the systems in place to supervise staff members. In discussions with staff, they confirmed that they were supported to carry out their work by the person in charge and management team.

There was regular access to training to ensure that staff had appropriate skills to meet residents' needs. Mandatory training as required by the regulations was up-to-date as observed by the inspector. Staff demonstrated to the inspector their knowledge in a number of areas for example, infection control, fire safety, adult protection and caring for residents with dementia. The inspector found staff to be confident, well informed and knowledgeable regarding their roles, responsibilities and the standards for care of residents living in residential care. The inspector observed that residents were at ease in their surroundings and content with staff.

There was a recruitment policy in place and staff recruitment was in line with the

regulations. The person in charge said that all staff and volunteers were Garda vetted. Evidence of current professional registration for all nurses was available. A sample of four staff files were examined by the inspector and were found to contain all of the necessary information required by Schedule 2 of the regulations. The inspector observed that staff appraisals took place on an annual basis.

The person in charge confirmed that there were volunteers operating in the centre. The inspector reviewed volunteer files and found that Garda vetting was in place and the volunteers had their roles and responsibilities set out in writing as required by 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:***

Ide Cronin  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority