

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Wygram Nursing Home
Centre ID:	OSV-0000756
Centre address:	Davitt Road, Wexford Town, Wexford.
Telephone number:	053 918 4491
Email address:	info@wygramnursinghome.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Wygram Nursing Home Limited
Provider Nominee:	Seamus Killeen
Lead inspector:	Ide Batan
Support inspector(s):	Kieran Murphy
Type of inspection	Announced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	71

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From: 25 March 2015 10:30 To: 25 March 2015 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 was an announced inspection which took place over one day and was for the purpose of monitoring and informing an application to register Wygram Nursing Home.

There are currently no residents living in this centre as it is not operational yet. All proposals outlined and plans agreed will be verified at the next inspection. The person authorised to act on behalf of the provider, person in charge, assistant director of nursing and catering manager were available on the day of inspection.

The inspectors reviewed the proposed documentation to be used such as staffing rotas, statement of purpose, policies and procedures. The inspectors engaged with

the provider, the person in charge and catering manager throughout the inspection.

Plans were in place to ensure that the health needs of residents were met. Residents will have access to general practitioner (GP) services and to a range of other health services and evidence-based nursing care will be provided. The person in charge said that an electronic care planning system (Epi Care) would be used.

The inspectors saw that a comprehensive induction plan would be delivered to the first cohort of new staff in May 2015. The provider discussed the proposed fire procedures and the inspectors were satisfied that if implemented they are sufficiently robust. Adequate fire equipment was in place. The health and safety of residents and staff will be promoted and the risk management policy was adequate. Policies, procedures, systems and practices were in place to assess, monitor and analyse potential risks with a view to controlling/minimising them.

Overall, inspectors were satisfied that there will be robust systems in place to ensure effective, consistent governance and to ensure that the quality and safety of resident care is monitored on a continuous basis. There were no action plans generated from this inspection.

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

Outcome 01: Statement of Purpose

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

Theme:

Governance, Leadership and Management

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

This was the centre's first inspection by the Authority.

Findings:

There was a written statement of purpose which 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. It had been reviewed and updated and was available to the inspectors during the inspection. The provider was aware of the need to keep the document under review and notify the Chief Inspector in writing before changes could be made which would affect the purpose and function of the centre.

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):

This was the centre's first inspection by the Authority.

Findings:

Wygram Nursing Home Ltd is responsible for the management of Wygram Nursing

Home only. In addition the provider nominee is involved in the governance and management of another centre. There were four members on the board of the Wygram Nursing Home limited with the provider nominee being the director of operations. As director of operations he had been part of the design team and project management team during the development of this centre. He now had specific responsibilities for clinical support services including maintenance, services and quality compliance. He also had responsibility for ensuring that all complaints were appropriately responded to.

There was a well defined management structure with weekly board meetings during the design and construction phase which included both the provider nominee and the person in charge since her appointment. Inspectors were informed that these weekly management meetings would continue and the provider nominee intended to be on-site at least three days per week. At a clinical level the person in charge was supported by an experienced assistant director of nursing. It was outlined to inspectors that the assistant director of nursing would have initial responsibility for supervision and training of staff until a full complement of residents were in the centre. Thereafter the assistant director of nursing would provide assurance around clinical quality and safety.

The person in charge planned to introduce a system of quality assurance reviews. Comprehensive audit tools and an audit schedule were available for:

- Infection control
- medication
- health & safety
- clinical documentation
- catering
- care standards
- human resources

The person in charge outlined that it was planned to introduce a quarterly review of all clinical incidents. There was a pharmacist available to undertake medication management audits.

The person in charge and assistant director of nursing will be on site daily. The assistant director of nursing will work some weekends and in her absence a senior staff nurse will take over that responsibility.

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:

The Residents' Guide was compliant with the regulations as it contained a summary of services and facilities, the terms and conditions of admission, a summary of the complaints process and the arrangements for visits.

The inspectors reviewed a draft of residents' contract of care. Contracts were to be signed and dated by the resident or their representative within one month of admission. The contract set out issues including:

- Services to be provided
- duties/powers of the proprietor
- force majeure
- requirements for the resident,
- duration/termination of the contract
- variation of conditions.

There were three schedules to the standard contract of care which set out in Schedule 1 the charges and weekly fee for

- (a) bed and board
- (b) nursing care
- (c) bedding
- (d) laundry

Schedule 2 outlined further additional charges for:

- (a) social activities programmes
- (b) toiletries
- (c) daily newspaper

Schedule 3 outlined additional charges for services including:

- (a) therapies
- (b) chiropody
- (c) dry cleaning
- (d) specialist equipment e.g. bed or wheelchair.

The person in charge outlined that if residents did not wish to participate in social activities they would not be charged for them. She also outlined that the availability of an advocacy service and participation in resident forums and consultations were not being charged for.

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):

This was the centre's first inspection by the Authority.

Findings:

Inspectors were satisfied that the centre was managed by a suitably qualified and experienced person. The person in charge is a nurse with a minimum of three years experience in the area of geriatric nursing with in the previous six years. She was a registered nurse with a diploma in nursing studies, a degree in nursing studies and a postgraduate diploma in health services management. She had extensive experience in clinical care and had previously been a person in charge elsewhere for over two years.

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):

This was the centre's first inspection by the Authority.

Findings:

Inspectors found that all policies, procedures and guidelines such as prevention of abuse, end of life care and risk management were available as required by the regulations. As part of the induction process all staff were to receive an outline of all policies and operational procedures.

Inspectors reviewed a sample of personnel files and saw evidence of Garda Síochána vetting, references and personal identification in all files. A directory of residents was available and the person in charge was aware of her obligations on how to maintain the directory.

Inspectors viewed a letter from an insurance company that that the centre was adequately insured against all public liability incidents to cover the period March 2015 to March 2016.

The person in charge outlined that all medical and nursing records were to be maintained in an electronic system. As part of the induction process all staff were to be trained on the use of the electronic records system.

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):

This was the centre's first inspection by the Authority.

Findings:

The person in charge and the nominated registered provider were aware of the obligation to inform the Chief Inspector if there was any proposed absence of the person in charge.

There were clear arrangements to cover for the absence of the person in charge with the assistant director of nursing having responsibility for management of the centre. The assistant director of nursing was a registered general nurse and had worked as a person in charge of another centre since 1999. Inspectors were satisfied that she had the requisite skills and experience in care of the older person to deputise when necessary.

The person in charge and representatives of the registered nominated provider were contactable in the event of any emergencies and the necessary contact details were available.

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):

This was the centre's first inspection by the Authority.

Findings:

There were policies in place to protect residents from being harmed or suffering abuse. As part of the induction process all staff were to receive training on the prevention, detection and reporting of abuse. The provider and person in charge were aware of their obligations to inform the Authority of any allegation of abuse. The provider and person in charge had developed a whistle blowing policy to ensure that there were no any barriers to staff or residents disclosing abuse.

There was a policy on meeting the needs of residents with challenging behaviour. To support this policy a number of risk assessments had been undertaken relating to:

1.Residents absconding. The control measures for this hazard included secure access to the building, closed circuit television on the external entrances and a resident safety tag monitoring system. It was recorded that consent to the use of safety tags was to be obtained. In addition when the security tag was in place documentary recording of checks was to be undertaken.

2.Aggression and violence. The control measures for this hazard included a care plan to manage behaviour that challenged and training/support for staff in the management of behaviour that challenged.

3.Use of bedrails. It was outlined in the risk assessment that bedrails would only be used after all alternatives to their use had been considered. This included the use of low beds, crash mats and sensor alarms. A full safety risk assessment for each resident would also be undertaken.

The provider and person in charge were aware of their obligations to inform the Authority of any time that restraint was used.

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):

This was the centre's first inspection by the Authority.

Findings:

There was a risk management policy and a risk register which contained the measures to control hazards including:

- Abuse
- unexplained absence of a resident
- injury/aggression
- self harm
- balcony access on the upper floors
- resident falls
- enclosed garden
- hoists

Each identified hazard had been assessed in accordance with an outline of whether it was a low risk, medium risk or high risk. There were controls in place to manage the identified hazards.

There was a policy on incident reporting and the person in charge outlined that incidents were to be recorded on the electronic healthcare record system. This system would allow each incident to be reviewed by the person in charge with the facility to include appropriate actions to remedy identified defects. Based on her previous experience the person in charge outlined that she particularly planned to review falls every three months. For serious adverse events the risk management policy outlined a process of review of each event with robust investigations to minimise the risk of a similar incident happening again.

There was an emergency plan addressing the centre's response to fire and other emergencies like loss of power, loss of heating and unauthorised entry. The plan also identified the arrangements in place in the event of an evacuation and re-location of residents.

There was an infection control policy. Hand washing facilities were located in the main entrance lobby, and wall mounted alcohol hand gel was available throughout the centre. The majority of the bedrooms were single rooms so that if an infection did break out the spread of the infection could be contained. The provider and person in charge were aware of their obligations to inform the Authority of any outbreak of an infection. There were three sluice rooms, one on each floor.

Each sluice room was to be fully equipped with bedpan washers, stainless steel sinks and separate hand washing facilities for staff. In relation to the design of the laundry facilities there was only one entrance and exit to the laundry room. However, the person in charge outlined that there would be a flow of items from "dirty" to "clean" so that there would not be cross contamination of clean items by dirty items. There was a chute from the first and second floors directly into the laundry room. Laundry trolleys had been purchased which provided for appropriate segregation of soiled items, clothes for washing and linen for washing.

There was confirmation, dated November 2014, from a properly and suitably qualified

person that all statutory requirements relating to fire safety and building control had been substantially complied with. The inspector saw evidence that suitable fire prevention equipment was provided throughout the centre and the equipment was adequately maintained by means of:

- Fire detection and alarm system final certificate of commissioning March 2015
- fire extinguisher servicing and inspection March 2015
- kitchen fire suppression system certification February 2015
- certificate of efficiency fire protection equipment March 2015
- certification of efficiency of emergency lighting March 2015.

As part of the induction process all staff were to receive orientation to the building and fire training.

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):

Findings:

The inspector found that the proposed medication management policies and procedures were satisfactory and safe.

The inspector reviewed the medication policy which was comprehensive and gave clear guidance to nursing staff on areas such as medication administration, refusal and withholding of medications, medications requiring strict controls, disposal of medications and medication errors.

Inspectors saw that the prescription and administration sheets were comprehensive and clear. The person in charge said that the pharmacy and the management team would conduct in-house audits on a regular basis. The person in charge said that if any prospective residents wished to avail of the services of another pharmacist that it would be facilitated.

The inspector saw that all proposed staff were scheduled for a medication management training programme on induction by the pharmacy that will supply all medication to the centre. Safe storage facilities for medication will be provided.

Judgment:

Compliant

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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):
This was the centre's first inspection by the Authority.

Findings:
The provider and person in charge were aware of their obligations to inform the Authority of all adverse accidents /incidents.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective care and support

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The person in charge outlined that on admission each resident would receive a documented comprehensive assessment of daily living, including personal care, continence, mobility and nutrition. The computerised healthcare system had a range of assessment tools including monitoring of falls risk, weight, dependency levels and ability to mobilise.

Nursing care plans were to be developed based on these admission assessments and would address the health care needs identified in these assessments. The person in charge outlined that each resident's care plan was to be kept under formal review as required by the resident's changing needs or circumstances and was to be reviewed no less frequently than at four-monthly intervals. The person in charge outlined that the resident or their representative would be involved in this care planning process.

The person in charge confirmed that residents could be reviewed by their own general practitioner (GP) if they wished. There was a medical officer attached to the centre and he was to attend on a weekly basis.

The person in charge outlined that in line with their assessed needs, residents would have ongoing access to allied healthcare professionals. Referral for speech and language therapy was via the Health Service Executive (HSE). All other healthcare professionals including physiotherapy and occupational therapy would be available to residents via a service agreement for which there would be an additional charge. Dietetic services will be provided by a private nutritional company.

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):

This was the centre's first inspection by the Authority.

Findings:

The building was a purpose built three storey construction located in the middle of Wexford town.

Residential accommodation consisted of:

- Ground floor - 10 single ensuite bedrooms and one double ensuite bedroom
- first floor - 25 single ensuite bedrooms and three double ensuite bedrooms
- second floor – 24 single ensuite bedrooms and two double ensuite bedrooms.

In the double bedrooms there was adequate spacing and screening between beds to safeguard residents' privacy and dignity. There was ample personal storage in all bedrooms for residents' belongings. There were two passenger lifts to each floor.

There was a dayroom on the ground floor with a number of specific designated quiet spaces contained in it. Each of the three floors had a central core area which was to be fitted out with couches and armchairs. There was also sitting/dayroom on the second floor.

The only dining room was on the ground floor and it was large enough to accommodate all residents. The dining room had dividers that could be pushed back so the room could be used for a number of functions at the same time, for example activities. The main kitchen area was adjacent to the dining room. There were two smaller galley style kitchens on both the first and second floors.

Inspectors observed sufficient additional and accessible toilet/bathroom facilities for residents on each floor.

Residents had access via the dayroom to a well maintained secure garden to the rear of the building. A number of bedrooms on the first and second floors had balcony areas which residents could also access. A risk assessment was available in relation to balcony access.

There was also a community resource building on site known as Davitt House which was a major focal point as one entered the centre. This was a separate building which will encompass social, educational and religious activities.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspectors reviewed the complaints policy and found it described how to make a complaint, who to make the complaint to and the procedure that would be followed following receipt of a complaint. It contained details of the nominated person available to ensure that all complaints are appropriately responded to and records maintained. Inspectors discussed the complaints process with the nominated provider and found that the provider was aware of his obligations under the Regulations in relation to managing complaints.

The complaints policy will be displayed in a public place and inspectors were informed that residents and relatives will have access to an advocacy service.

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):

This was the centre's first inspection by the Authority.

Findings:

The person in charge outlined that religious services would be held on site weekly.

There was a community resource room available on site. If the resident wished, the centre would facilitate a prayer and removal service from Davitt House for deceased residents. This will be addressed through end of life care planning. There was a visitor's room which was to be made available specifically for families of residents at end of life. Showering and dining facilities would also be made available to families.

The centre had a majority of single rooms which would ensure privacy and dignity was maintained at all times as a resident approached the end of their life.

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):

This was the centre's first inspection by the Authority.

Findings:

There was a policy on nutritional status and management. The person in charge confirmed that residents' weights and nutritional assessments will be recorded regularly. The person in charge said that all residents would have timely access to a dietician. The dining room was a large room which could accommodate all residents

The kitchen was adjacent to the main dining room. The inspectors met with the catering

manager who will have oversight of the preparation and serving of meals. The catering manager told inspectors that there would be a three weekly menu cycle in place. Inspectors saw that there was a choice of breakfast, lunch and teas. The catering manager told the inspector that snacks, drinks and juices would be widely available. Inspectors saw that there were water dispensers on each floor. She also discussed how healthy eating options will be encouraged and residents will be actively involved in planning their menus.

The catering manager outlined to the inspector how the meal service would operate and that she would meet each new resident individually regarding their dietary needs and preferences. She was knowledgeable regarding modified diets and other special dietary needs and the process of fortifying foods. She also outlined to the inspector that there would be formal catering meetings and that she would be attending the residents' meetings.

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):

This was the centre's first inspection by the Authority.

Findings:

All of the residents will have access to televisions in their bedrooms and newspapers will to be delivered every day. Inspectors observed televisions and radios in the communal areas. Internet connectivity was available throughout the premises to enable residents to talk to family and friends via the internet.

The person in charge outlined that there would be a residents' committee where residents would be consulted about the organisation of the centre. This committee would meet at least every three months. An activities co ordinator was in the process of recruitment by the centre. Inspectors observed a detailed activities list which will be implemented.

There was a policy on availability and communication of information to the resident. Each resident's communication ability was to be assessed on admission. Based on this assessment, if required, communication care plans would be agreed with the resident.

The person in charge outlined that there was to be an open visiting policy with no restrictions on visits. There were a number of areas throughout the centre where each resident could receive visitors in private. There was a visitors room on the ground floor with adequate seating available.

Closed circuit television (CCTV) was in use in all external areas. Signage was to be erected advising that CCTV was in operation and a policy on the use of CCTV was to be developed.

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):

This was the centre's first inspection by the Authority.

Findings:

There was a policy on resident's personal property and possessions. The person in charge outlined that a property list of possessions will be prepared for each resident on admission and updated as necessary.

All clothes for residents were to be laundered on site and there was a system in place to return the clothes to each resident's room.

Each of the bedrooms had sufficient space to store clothes and personal possessions. Each resident had a double wardrobe and locked storage units were also available for each resident in their room.

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):

This was the centre's first inspection by the Authority.

Findings:

From the information available at inspection, the inspector was satisfied that there will appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. The person in charge discussed the proposed staffing levels and schedule of admissions with inspectors.

For the first phase of admissions the person in charge said that there would be five admissions per week up to a maximum of 40 residents between the top and bottom floors. Some prospective residents/relatives had indicated where they would like to reside as observed in the waiting list. The proposed staffing plan included two nurses and two care assistants over a 24 hour period. When resident numbers exceed 24 care assistant hours will be increased to meet residents needs. Inspectors saw that as the admissions increased the staff ratio in all departments increased also.

Inspectors viewed proposed rosters for household, laundry and catering and were satisfied that the plan in place for phase one was adequate. Inspectors were told that the reception area would be covered seven days per week. Inspectors met the administrator who has had previous experience in the same role in another centre.

Evidence was available that all staff will be supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The inspectors reviewed a sample of staff files and saw that they met the requirements of the Regulations. All new staff will be required to undergo a probationary appraisal and yearly thereafter.

There was a policy on training education and development. Inspectors saw on the induction programme that all mandatory training would be completed prior to any resident admissions to the centre. Inspectors were told by the person in charge that there would be three monthly staff meetings per department and an annual general staff meeting. There will be a health and safety committee who will also have regular meetings.

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 Batan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority