

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St. Gobnait's Nursing Home
Centre ID:	OSV-0000430
Centre address:	Drewscourt, Ballyagran, Limerick.
Telephone number:	063 820 65
Email address:	st.gobnait@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Teresa Kelleher
Provider Nominee:	Teresa Kelleher
Lead inspector:	Mary O'Mahony
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	20
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, 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 monitor compliance with National Standards. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 25 February 2016 09:30 To: 25 February 2016 18:45

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 06: Absence of the 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 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This unannounced inspection of St Gobnait's Nursing Home by the Health Information and Quality Authority (HIQA or the Authority) took place over one day. The centre was located in a peaceful, rural setting and this was enhanced by the sensory garden which had been created at the front of the building. During the inspection, the inspector met with residents, relatives, staff members, the person in charge and the provider. The inspector observed practices and reviewed documentation such as care plans, medical records, medication administration records, policies and staff files. The ethos of the centre was based on maintaining residents' autonomy and on respecting their individuality. The centre was homely, very clean and nicely decorated. Staff showed commitment and pride in their work and the staff team worked together to ensure continuous improvement. Relatives and the local community were involved in the centre and visitors were seen coming and going at various times of the day. The atmosphere in the centre was one of

inclusion and happiness. The centre was family owned and run, therefore the provider and person in charge stated that they had a personal interest in residents' welfare and in providing an environment which was reflective of the residents' homes.

There was a staff member present in the sitting room all day. Residents stated that this meant that there was someone to talk with individually or as a group. They said that they felt safe as a result and enjoyed this continuous contact with staff. All rooms in the centre were personalised, age appropriate and suitably decorated. Residents were seen to avail of the outdoor area during the day. Residents went walking outside, appropriately dressed for the weather conditions, alone or in groups accompanied by staff. The sensory garden had a sheltered seated area where residents could sit and enjoy the surroundings with visitors or with staff. Residents engaged in activities such as art and craft work, quizzes, music sessions, newspaper reading session with staff, individual crosswords, board games, watching favourite movies and chair based exercises. There were regular outings organised to local places of interest. Residents and staff confirmed this with the inspector. The inspector was shown samples of art work which had been completed the previous day and was also present for the music and newspaper reading sessions on the day of inspection.

Documentation was well organised and easy to retrieve. Mandatory training was up to date. Feedback from residents and relatives was one of satisfaction with all aspects of care. Residents and relatives were complimentary with regards to the approachability and kindness of staff and the care provided. Residents' experiences, wishes and choices were seen to be central to the care planning process and residents stated that their lives as older adults were enriched by the caring environment and the supervision of the person in charge. The inspection was undertaken to ensure ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People.

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 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 experience of residents was monitored and reviewed on an ongoing basis. Effective management systems and sufficient resources were in place to ensure the delivery of safe, quality care. There was a clearly defined management structure that identified the lines of authority and accountability. The inspector viewed the annual review of the quality and safety of care delivered to residents. Improvements were brought about as a result of learning from the monitoring review according to minutes of staff and residents' meetings reviewed. There was evidence of consultation with residents and their representatives. This was available in the results of relatives' surveys seen.

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 had been in this position for five years. She worked full time in the centre and was a nurse with experience in the area of nursing of the older person. The person in charge demonstrated clinical knowledge to ensure suitable and safe care. She demonstrated knowledge of the legislation and of her statutory responsibilities. She was engaged in the governance, operational management and administration of this centre on a regular and consistent basis. She met regularly with members of the management team and staff. Minutes were maintained of these meetings and these were viewed by the inspector. She explained to the inspector how she drew on elements of her previous extensive clinical experience to promote continuous improvement for residents' care, to audit the service provided and to ensure that staff training was relevant.

Judgment:

Compliant

***Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.***

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The provider was aware of her statutory duty to inform the Chief Inspector 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 her absence. There was a suitably qualified person in place to deputise in the absence of the person in charge. It was evident from documentation seen that this nurse was in a supervisory role and shared the management of the centre with the person in charge.

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 since the last inspection and made reference to the Health Service Executive (HSE) policy on Safeguarding Vulnerable Persons at Risk of Abuse 2014. 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 training sessions in this area. Training records were reviewed and these confirmed that training was up to date. The person in charge explained that this training was a central element of the induction process. 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 person in charge. This system included two staff signing for any money lodged or withdrawn. A sample of records checked were seen to be in order. Each resident had a personal purse or a wallet for their money to facilitate independence when on outings. These were securely stored in a safe when not in use.

The use of bedrails was notified to the Authority 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 that challenged, which was related to the psychological and behavioural symptoms of dementia(PBSD) was in place. Efforts were made to identify and alleviate the underlying causes of such behaviour. Documentation was in place to indicate that distraction and de-escalation techniques were employed as a first response, if required. Staff spoken with were aware of this policy and had received updated knowledge and skills from the person in charge, who was an in-house trainer. There was an extensive staff reference folder in place related to this which all staff had signed as having read.

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:

A health and safety statement was in place and it was updated in 2015. The risk management policy was reviewed and risk assessments seen were specific to the centre and to residents' safety. 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 a member of staff was assigned to supervise and support residents in the sitting room. Copies of risk assessments were seen by the inspector including the risk assessments for smokers in the centre. There was room specified for smokers and this was appropriately set up. An extra control in this room was the presence of only internal location of a close circuit television cameras (CCTV) camera which was monitored in the office. Signage was in place to alert residents that this was in use. Visitors were not allowed to smoke internally.

The procedures in place for the prevention and control of infection were satisfactory. For example, hand gels were in place and hand wash facilities were easily accessible. Posters to guide staff and visitors on correct hand-washing procedures were located near hand washing facilities and 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 and emergency lighting were serviced regularly and all fire equipment was serviced on an annual basis. The previous date of service was on 19 February 2016. 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 and fire drills took place on a three-monthly basis.

Staff were trained in moving and handling of residents. Records viewed by the inspector confirmed this. Records were available which indicated that equipment was serviced when required. The centre had the use of a generator which was serviced monthly. This was last serviced in January 2016. CCTV cameras were placed on outdoor areas of the centre for security reasons.

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:

Each resident was protected by the designated centre's policies and procedures for medication management. The inspector reviewed policies relating to the ordering, prescribing, storing, transcribing and administration of medicines to residents. The processes in place for the handling of medicines, including controlled drugs, were safe and in accordance with current guidelines and legislation. Staff followed appropriate medication management practices and medications were administered as prescribed, according to records seen. There were appropriate procedures for the handling and disposal of unused and out of date medicines in the centre. The inspector viewed details of medication to be returned and these were signed by the pharmacist. Medication was occasionally transcribed by staff members and there was a policy in place to support this practice. The prescription for one medication was not clear to the inspector. This was modified to ensure that there was no ambiguity for staff administering the medication.

Safe medication management practices were reviewed and monitored. For example, the pharmacist carried out an audit in the centre and the staff nurse checked the medication stock and residents' prescriptions on a monthly basis. Controlled drugs were in use for some residents and records of administration and stock levels were checked by the inspector. These were found to be in order.

Pharmacists were facilitated to meet their regulatory responsibilities to residents. Residents had a choice of pharmacist and general practitioner (GP) where possible. Advice provided by pharmacist was available for staff and residents. Documentation viewed and staff spoken with by the inspector confirmed this.

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:

A record was maintained of all incidents occurring in the centre. Quarterly notifications were submitted to the Authority as required.

The person in charge was found to be aware of the Regulations related to notifications.

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 had access to GP services and appropriate treatment and therapies. Medication was reviewed by GPs on a three-monthly basis. Specialist services and allied health care services such as physiotherapy, occupational therapy and dietetics were available when required. Chiropody and hairdressing services were accessed on a private basis. Records were maintained of referrals and follow-up appointments to consultants or allied health services. Clinical assessments such as falls assessment, nutrition assessment, skin assessment and cognitive assessment were carried out among others. Residents' right to refuse treatment was respected and documented.

A comprehensive assessment of residents' health and social care needs took place on admission and appropriate care plans were seen to be in place. Care plans were reviewed four monthly. Residents, and their representatives where appropriate, were involved in formulating the plan of care. Residents' signatures were seen on consent forms within the care plan and on their contracts of care. There were comprehensive life story documents in place. These had been developed in the centre. There were opportunities for residents to participate in activities that suited their needs, interests and capacities. For example, residents with a cognitive impairment were provided with reminiscence therapy, 'talking mats' (a communication device using pictures) and one to one activity. Those with restricted mobility had access to music and singing sessions. Residents who enjoyed keeping up-to-date with current affairs were provided with daily newspapers and crosswords. Access to outdoors, radio, TV, favourite movies and outings was also for all residents.

Residents were supported to maintain their independence. There was an emphasis on promoting health and residents' general well being. All residents were encouraged to exercise daily. This varied from independently walking in the gardens, dancing, chair based exercise, passive exercises in bed and utilising their walking aids. A number of residents were seen by the inspector to go outside on a couple of occasions during the day. Pathways were designed in such a way that residents with walking aids or wheelchairs could walk around safely. Residents were encouraged to partake in crosswords, conversation, card games and puzzles in order to promote and maintain cognitive capabilities. Opportunities to enhance residents' mental well being were provided by showing old films and reminiscing about their contents. On the day of inspection a music session took place in the sitting room. One resident sang and played

the keyboard . All residents joined in the singing and residents were seen to be enjoying the session. Members of staff sat with residents while this was going on and were heard to chat with them about the songs and about family issues.

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:

Policies and procedures were in place for the management of complaints. The complaints process was displayed in a prominent place and residents were aware of how to make a complaint. Residents expressed confidence in the complaints process and stated they had no concerns about speaking with staff. The person in charge was the person nominated to deal with complaints and she maintained details of complaints, the results of any investigations and the actions taken. An independent person was available if the complainant wished to appeal the outcome of the complaint. There was a transparent open approach to listening and dealing with complaints. The level of complaints was low and of minor content.

Judgment:

Compliant

Outcome 14: End of Life Care

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Care plans and care practices were designed to ensure residents received end of life

care in a way that met their individual needs and respected their dignity and autonomy. Individual religious and cultural practices were facilitated and family and friends were encouraged to be with the resident at end of life. There was a family room available for this purpose. Residents had access to specialist palliative care services if required. The inspector reviewed the end of life policy. The policy focussed on the holistic needs of residents and their relatives.

The person in charge discussed the training she provided for staff and all staff had signed that they had attended this training. The person in charge had developed a reference guide for staff on best evidence based practice and this was utilised in her training sessions. She discussed the plans for introducing advanced care planning and was aware of developments in this area. Property inventories were maintained for residents who were encouraged to bring in some items of favourite furniture from home. These inventories were updated when necessary. There was a end of life box available in the centre. This contained items for spiritual care and in addition a hand embroidered end of life symbol which was used after death. This had been embroidered by a staff member.

Judgment:

Compliant

Outcome 15: Food and Nutrition

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

A policy for the monitoring and documentation of nutritional intake was in place. Residents had a nutritional assessment on admission and this was repeated on a three-monthly basis. Residents' weights were checked and recorded monthly. The food provided was nutritious and available in sufficient quantities. It was varied and took account of dietary requirements. Meals were available at flexible times and at times suitable to residents. Residents had access to fresh drinking water at all times and the inspector observed staff offering drinks to residents throughout the day. A choice of food was provided at each mealtime.

The chef informed the inspector that most of the food was sourced from local suppliers. The kitchen was seen to be well stocked and very clean. Residents requiring support were assisted to eat and drink in a sensitive and appropriate manner in the sitting room area. The remaining residents dined in the dining room where the tables were seen to

be suitably set up with nice cutlery and tableware. The inspector sat with a group of residents at dinner time and observed that mealtimes were seen to be unhurried social occasions. Residents were seen to engage, communicate and interact with each other and staff. Residents spoke about their meals with the inspector and stated that these were served at times which suited them. Residents also expressed that the food was very good and that choice was available at each meal. Residents were seen to support and encourage each other and were familiar with each others' likes and dislikes.

Kitchen staff were found to be familiar with the dietary needs of residents. For example, coeliac products were available for those on gluten free diets and low sugar products and desserts were available for those with diabetes. The majority of residents were enabled to maintain independence when eating their meals and assistive devices were used where necessary. For example, one resident with visual impairment had a 'plate-guard' provided which kept the food in position on the plate. Printed tablecloths had been sourced to enhance the homely, rural atmosphere and these were renewed regularly according to the person in charge. Residents were supplied with serviettes where required.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Residents were consulted daily in an informal way for their input into the operating of the centre. The person in charge met with residents each morning and sought feedback with regards to care. Residents choose this forum over a more formal structure of residents' meetings as there was a low number of residents. A daily account of interactions in the sitting room was recorded by the activities coordinator. These accounts were reviewed on a weekly basis by the person in charge who acted on any issues highlighted by residents. All families and representatives were asked to complete an annual survey. The person in charge stated that she got a good response to this and changes would be implemented if requested and appropriate. Advocacy arrangements were in place and documentation was seen which indicated that the services of the advocate were used when a resident requested this. Residents were facilitated to

exercise their political rights and voting was accommodated in the centre. Residents' religious rights were facilitated through regular visits by the clergy and the facilitation of appropriate religious services. 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, staff knocked on residents' doors and privacy curtains were drawn in twin rooms when personal care was being attended to. Residents could access telephone facilities in private. A room was available for residents to receive visitors in private or to smoke if required. There were no restrictions on visits except when requested by the resident or when the visit posed a risk, for example if an infection was present.

Staff were aware of the different communication needs of residents and systems were in place to meet their diverse needs. For example, residents with a cognitive impairment were provided with the use of a 'talking mat' which had been designed by the person in charge. Staff were seen engaging with residents respectfully and with appropriate humour. The sensory garden was created by the person in charge to appeal to residents' senses. The inspector was shown the herb garden and the bed of coloured flowering plants which were located on the walkway near the 'gossip house'. This was the external shelter where residents gathered for parties and other occasions. During the inspection residents were seen to sit and chat in this area and also to sit on the seats near the garden 'grotto' which the person in charge said was a favourite place for relaxation, reminiscence and prayer. Residents partook in gardening activities. In addition, items in the garden such as an old water pump, an old horse drawn plough, an imitation donkey and cart and old milk churns provided opportunities for residents to reminisce and recall details of their experiences and younger lives. The person in charge said that a 'seanchai' (a person who tells stories of the past) visited the centre monthly and on one of his visits he brought sods of turf to the centre to facilitate conversation and storytelling. Residents had access to social media such as facebook and Skype. The person in charge related a story about a 95 year old resident who said that her friend in America had seen her on the centre's facebook page. Residents also used an app called 'neuro-hero' on the i-pad which the person in charge said was reputed to support memory retention. Other activities such as outings were discussed further under Outcome 11: Health and social care needs.

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:

There were appropriate staff numbers and skill mix to meet the assessed needs of residents. There were adequate staff numbers on duty for the size and layout of the designated centre, according to the roster viewed by the inspector. Staff had up-to-date mandatory training. They also had access to a range of training to meet the needs of residents, for example training in manual handling, health and safety, care issues and food hygiene. Staff with whom the inspector spoke confirmed their knowledge of this training. All staff and volunteers were supervised on an appropriate basis and recruited, selected and vetted in accordance with the centre's policy.

A sample of staff files viewed by the inspectors were seen to be in compliance with the requirements of Regulations. A number of staff who were originally recruited as 'job-bridge' candidates had been given full time posts in the centre. All relevant staff had undertaken Fetac level 5 training in care of the older adult. One staff member whom spoke with inspectors stated that she really "looked forward to coming to work".

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