

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Cappagh Nursing Home
Centre ID:	OSV-0005590
Centre address:	Heathfield, Cappagh Road, Finglas, Co. Dublin.
Telephone number:	01 808 1188
Email address:	manager@cappaghnursinghome.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Greenmast Limited
Provider Nominee:	
Lead inspector:	Leone Ewings
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	90

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 decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 19 July 2017 10:00 To: 19 July 2017 17:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	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 12: Safe and Suitable Premises	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 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This announced inspection took place over one day in response to an application to register a new two-storey purpose-built centre. The registered provider requested to register 90 places for residents of varying dependencies requiring long-term care, respite and convalescent care.

An inspection of the premises was carried out and documentation such as staffing schedules, policies and procedures were reviewed. Mr Pat Shanahan is the nominated person on behalf of the provider. He is proposing to operate the centre on behalf of Greenmast Limited. All required documents were submitted as part of the application for registration, the provider was also requested to submit relevant a detailed admissions schedule to be agreed with the Health Information and Quality Authority (HIQA).

The design and layout of the new building met all of the requirements of the regulations and the standards. It was noted to be furnished and decorated to a good standard and provided a comfortable and inviting living environment, all rooms were single with en-suite shower rooms. There was a spacious outdoor secure landscaped garden with walkways, with parking available to the front of the centre.

There was a system planned to enable residents to be involved in the running of the centre and to make their own choices about how they liked to spend their day. An activities programme was planned for to include meaningful daily activity and offer choice.

A robust recruitment process was ongoing, and the provider met all the requirements in terms of Garda Vetting disclosures reviewed by the inspector. The proposed staffing and skill-mix as outlined in the statement of purpose were satisfactory to meet residents' needs. There were satisfactory governance systems in place to monitor and respond residents changing health and social care needs.

The inspector found that this new centre is in full compliance, and conforms to the matters set out in 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.

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):

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

Findings:

The revision 2 statement of purpose was reviewed and found to contain all the information as required by the regulations. This clearly described a range of care needs that the designated centre was intended to meet. The details of the provider and person in charge, and wider management support was also outlined in the document.

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:

There is a clearly defined management structure which identifies the lines of authority and accountability as outlined in the statement of purpose. The provider nominee Pat Shanahan confirmed that he reports to the Board of directors on a monthly basis. There are two directors of Greenmast Limited. He reports on all aspects of operational

management of the centre.

The person in charge works full-time in the centre and is supported by a multidisciplinary team. She spoke of her plans in terms of a schedule of admissions and recruitment and development of staff to support increasing resident numbers. The clinical governance group will meet four times a year to review and monitor quality of care, incident and review of any identified risks. Examples were seen of template which will be used for completion of the annual report on quality and safety as required by regulation with feedback from residents.

Systems were in place including audit tools to review quality and safety of care, including audit on care plans, medicines management, falls, hygiene and maintenance of the premises. The planned frequency of audit was established and records available for staff to commence oversight in their own areas.

Administration staff supports were in place for recruitment, and reception staff were also in place during core hours. At present additional overnight security cover is in place due to building works and location within a new development.

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

Findings:
A resident's guide is available to each resident which describes the services.

The inspector reviewed a draft contract of care which clearly outlined the details of service provision, and additional service charges payable. For example, hairdressing, newspapers, toiletries and daily social activity charge. Details about pharmacy charges payable to the pharmacy for medicines were also clearly outlined. The details of the provider and a section which states the fees payable by the resident both private and Fair Deal were clearly outlined with adequate detail.

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:

The initial details provided for the person in charge had changed and a new person in charge had taken over on 12 July 2017. HIQA were notified by the provider of this change. The person in charge is a registered psychiatric nurse, with management qualifications and experience as required by legislation.

She was found to be a suitably qualified and experienced nurse who works full-time in the role. She was found to be person-centred and demonstrated adequate knowledge of the regulations and standards.

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:

The inspector was satisfied that the records listed in Schedule 2, 3 and 4 of the regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre had all of the written operational policies as required by Schedule 5 of the Regulations. All staff recruited were found to appropriately vetted with evidence of Garda vetting disclosures in place before commencing

employment.

The inspector found that there were systems in place to ensure that all records relating to residents and staff would be maintained in a secure and confidential manner. Nursing and care staff confirmed they had received training on use of an electronic record-keeping system.

A new directory of residents was available for inspection to commence when admissions commence.

An up to date insurance policy was in place for the centre which included cover for resident's personal property and accident or injury to residents in compliance with the requirements of the regulations.

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:

There were satisfactory arrangements in place for a clinical nurse manager who can deputise for the person in charge as required. The inspector met with the clinical nurse manager who has over 10 years experience working with older people and 18 months experience in a management role. She has maintained her professional development and attended clinical updates relevant to her role and responsibilities.

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:

The inspector was satisfied that safe systems were in place to protect residents from being harmed or suffering abuse. There was a detailed policy to guide staff, and they had received appropriate training in this area. Care and communication was observed to be person-centred and in an environment which promoted residents' rights. Staff spoken to were knowledgeable of the different types of abuse and the reporting arrangements in place. Staff were guided by a written policy on the protection of vulnerable adults in place.

Staff had received safeguarding training on commencement of employment. Evidence that all staff had received training was shown to the inspector. The person in charge was aware of the requirement to notify any allegation of abuse to the Authority.

A policy on the management of responsive behaviors was in place that guided practice was in place. Detailed supportive behavioural care plans would be developed and in place to inform staff and guide practice where required. The person in charge spoke about how she planned to implement a restraint free environment, and education staff had received to support this. Equipment was available as an alternative to the use of bedrails. For example, most of the beds in the centre were low-low and some were ultra low types.

The findings of this inspection were that evidenced-based policy and practice was planned for. Staff could outline training received in responsive behaviours and communication with residents to understand their behaviours, what triggered them and how to implement measures including the least restrictive interventions.

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 is a safe system in place to ensure that the health and safety of residents, visitors

and staff is promoted and protected.

A safety statement was in place and it related to the health and safety of residents, visitors and staff. The inspector found that there were robust systems in place relating to promoting the health and safety of residents, staff and visitors.

The inspector read the risk management policies which were developed in line with the regulations and guided practice. They included the policies on violence and aggression, assault, residents going missing, self-harm and accidental injuries to residents and staff.

The risk register contained a number of environmental risks and control measures to mitigate risk. For example risks associated with smoking, absconding, and falls prevention and management. Appropriate controls were in place for example, fire safety procedures and training.

The person in charge had arrangements in place for investigating and learning from incidents. For example slips, trips and falls. The person in charge confirmed that there is a clinical governance committee in place to review incidents, residents' feedback and complaints.

The inspector reviewed the emergency plan and found that it provided sufficient guidance to staff on the procedure to follow in the event of an emergency. For example, it identified alternative accommodation where residents may be relocated to, should a full evacuation of the centre be required.

The inspector viewed the fire training records and found that all staff had received up-to-date mandatory fire safety training and this was confirmed when speaking with staff on duty. Fire drills and mock evacuations had taken place with further training dates planned as staff are commencing employment. There was a system in place to ensure staff knew how to deal with any persons clothing catching fire.

The inspector viewed fire records which showed that all the new fire equipment had been commissioned, and were in place with maintenance planned for future dates. The inspector found that all internal fire doors were unobstructed during the inspection.

Fire evacuation procedures were not yet prominently displayed throughout the building, however, the person in charge confirmed that these would be put in place on the day of the inspection. The fire alarm is planned to be serviced on a quarterly basis and fire safety equipment is serviced on an annual basis. All staff on duty were trained in fire safety management including mock evacuation. Fire records were fully maintained which include details of fire drills, fire alarm tests, emergency lighting and fire fighting equipment. Smoke detectors and fire blankets were in place. Ski sheets were available under every bed mattress.

A review of staff training records indicated that the current staff had been trained in manual handling and this was confirmed by staff who were interviewed.

The inspector found that there were measures in place to control and prevent infection. Training had been provided on the induction programme. Staff had access to supplies

of gloves, disposable aprons, hand wash basins and alcohol hand gels which were available discretely throughout the centre.

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):

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

Findings:

There was a comprehensive medicines management policy in place to guide practice which gave clear guidance to nursing staff on electronic medication management system (E-medication management). The policy provided guidance on areas such as ordering, transcribing, prescribing, administration of medicines 'as required' (PRN) medication, refusal and withholding medications, disposal of un-used and out of date medications and medication errors. A sample of the pre-filled medicine pods used for training were shown to the inspector.

The E- prescribing system was planned for to be put in place using e mar tablets, and has been implemented in the person in charges last role. A paper back up system is also planned and was shown to the inspector. There was a system of auditing medication management built into the tablet.

There is a system in place should residents wish to manage their own medicines independently. The person in charge said that medicines would be regularly reviewed by resident's General Practitioner as required by the regulations.

There were appropriate procedures for the handling and disposal of unused and out of date medicines.

The person in charge said that medications that required strict control measures (MDA's) would be carefully managed and kept in a secure cabinet in keeping with professional guidelines. A register of MDA's would be maintained and stock balances would be checked and signed by two nurses at the change of each shift in line with professional guidelines. All MDA's would be prescribed in a hand written format in keeping with professional guidelines.

The person in charge explained that medicines would be audited monthly and corrective measures (if required) would be put in place to ensure medication practices are safe.

All nursing staff will receive a training course on the medication management system in use in the centre. Arrangements have been put in place for the services of a pharmacist who can support residents also. The pharmacy charges currently applicable are outlined in the statement of purpose.

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

Findings:
The person in charge was aware of her requirement to notify the Chief Inspector in line with the regulations. She was familiar with what information was to be reported and the relevant time frames, including incidents and accidents.

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 inspector found that there is a nursing care system in place to promote each resident's care. There is access to medical and allied health care. The admissions, transfer and discharge policy would guide safe practice in line with the statement of purpose.

There is a computerised system of recording the nursing process using a model of nursing. The inspector reviewed the nursing care templates and found that there is a system in place for residents to have a comprehensive pre-admission assessment of need using a modified dependency tool. There is a range of validated risk assessments to assist the nursing staff in developing a person centred care plan based on residents assessed needs.

Resident's assessed needs would include their physical, psychological, spiritual needs and their social interests and their preferences. There is a system in place to ensure that each resident will have an assessment completed prior to admission to ensure that the centre has the facilities and services in place to meet their needs. All residents will have a comprehensive assessment and care plans completed by a qualified nurse to direct their care, within three days of admission to the centre.

The person in charge said that where possible residents would be actively involved in the assessment and care planning process, or their family if this was their choice. Care plans would continue to be reviewed four monthly or more frequently if required, for example following a change in the residents' condition.

The inspector was satisfied that there was a good system in place for ensuring residents healthcare needs would continue to be met. For example, falls' prevention and management, tissue viability, and nutrition. The inspector reviewed policies and found that they would guide practice. The person in charge provided an overview of how residents' healthcare needs would continue to be met. For example, fall preventative measures would include the use of chair alarms, low-low beds and increased staffing to ensure good supervision of residents. A physiotherapy service is available if required to provide assessment of a resident's mobility, moving and handling needs and subsequently any post-fall assessments, should a resident experience a fall.

All residents will have a risk assessment completed on admission and this would be updated four monthly or more frequently if there is a change in the residents condition. There are systems in place to minimise the risk of residents getting a pressure ulcer' for example enough staff on duty to assist the residents to change position regularly, and to manage continence issues. There is a good supply of alternating pressure relieving mattresses, and availability of pressure reducing cushions. Staff had received training on prevention and management of pressure ulcers. An evidenced based policy on nutrition and hydration was in place and would guide practice.

Residents will have regular access a GP and doctor-on-call services will be used in the evening time and over the weekend. A full range of services will be available on referral including speech and language (SALT), chiropody and a dietician. Dental, optical and audiology services will be provided locally. Additional physiotherapy can be availed of and occupational therapist will be available on a referral basis.

The service of specialist psychiatry and geriatrician can be availed by referral through the primary care team as required. Palliative care specialities are available on a referral basis. An acute care hospital had been identified locally to provide acute care as required.

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 location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs. The premises takes account of the residents' needs and is in line with Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The design and layout of the centre are in line with the statement of purpose. The premises meets the needs of all residents and the design and layout promotes residents' dignity, independence and wellbeing.

The centre is designed to meet the needs of older people, including people with dementia, and communication difficulties. The person in charge explained that signage was planned for residents with dementia to facilitate wayfinding. For example, the door signage is in word/picture and braille and individualized name plates will be offered to residents.

There is suitable heating, lighting and ventilation. The lighting system is anti-glare to promote residents safety, and flooring is non-slip.

The centre is located on a new housing development, in close proximity to Finglas suburbs and Cappagh Hospital. It can be accessed by nearby public transport. The adjacent housing development was still in progress at the time of the inspection.

The nursing home consists of 90 bedrooms over two floors accessed by three stairwells. There is one large passenger lift in place that is large enough to take a resident upstairs comfortably on a stretcher if required.

The main entrance door has an inner porch which allows for safe access to the main foyer. There is a reception desk and lounge in the main foyer. The seating in the adjacent two separate lounge areas overlooks the garden.

There are 43 en-suite bedrooms on the ground floor which meet the requirements of the regulations. All bedrooms are decorated and furnished to a good standard. The person in charge told the inspector that residents can bring in some of their own personal effects to make it feel more homely and personal to them.

Each bedroom contains a low low profiling bed. There is ample storage space and there is a lockable facility in each room. Each bedroom had comfortable arm chairs. There was ample space in the bedrooms for any specialised assistive equipment or furniture that a resident might require.

The en-suites are partially tiled and there is non slip flooring in place. There is a sensor lighting system on entry, and an emergency call bell system that can be used by a resident in the event of requiring staff assistance.

Mixer taps are thermostatically controlled to minimise the risk of scalding. A heating system with radiators is installed and the centre was comfortably warm on the day of inspection. Radiators are not too hot to touch and there can be controlled manually if required.

There is a fully-equipped dirty utility room on each floor. Both rooms contain stainless steel sluice sink as required by the regulations. Each also had a bed pan washer to enable safe disinfection of urinals and bedpans.

The main sitting room on the ground floor leads to secure gardens to the rear of the building, incorporating pathways suitable for wheelchair and disabled persons. At the time of inspection lawn seed had been planted and there were flower beds and shrubs in place. The person in charge explained that a designated external smoking facility will be made available to residents in the garden.

Additional facilities on the ground floor consist of reception/administration offices, the main nursing station and fully equipped assisted bathroom. Also, on the ground floor is the main kitchen which is fully-equipped, storage rooms, linen stores, household stores, clinical treatment room, laundry rooms, and quiet room/oratory.

There are wheelchair assisted toilet facilities in close proximity to all communal areas on both floors. There is a staff room and changing facilities for male and female staff with toilet facilities. Male and female catering staff are accommodated with their own separate staff room for changing and toilet facilities.

First floor.

The first floor contains 47 single en-suite bedrooms. Additional facilities consist of a nursing station, a dining room. There is also two living rooms and a meeting room for residents to meet privately with friends and family. This floor also has a spacious assisted bath room with a ceiling track hoist to access the specialized bath in place.

Residents have access to appropriate equipment which promotes their independence and comfort. There is a process in place for ensuring that all equipment is properly installed, used, maintained, tested, serviced and replaced.

Staff are trained to use equipment safely, for example the use of hoists including sit to stand hoists. There are adequate storage facilities for equipment on each floor. Handrails are provided in circulation areas. Suitable grab rails are provided in bath shower and toilet areas. Handrails are provided on both sides of the stairs. There is suitable storage for residents' belongings. There is a fully functioning call bell system in place, available in all bedrooms, bathrooms and communal areas. The inspector noted that one area did not have a call bell in place in a corridor adjacent to the oratory which had been designated a quiet room. The provider and person in charge confirmed that a call bell would be put in to access staff if required.

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 inspector found that there was an effective system in place for the management of feedback including complaints. The person in charge discussed the policy in place with the inspector in terms of improving service provision.

The policy in place was displayed by the front door, and was found to be comprehensive. It described in detail how to make a complaint, who to make the complaint to and the procedure to be followed on receipt of a complaint. It also contained an independent appeals process. There was a system in place to record verbal and written complaints.

There is also a nominated separate person who holds a monitoring role to ensure that all complaints are managed appropriately.

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 inspector found that there was a proposed system in place to ensure residents would receive a good standard of end-of-life-care which would be person centred and respect the values and preferences of the individual.

There was an evidence-based policy on end-of-life care which was centre specific and provided detailed guidance for staff. There is a system in place for decision making with residents and their families, where requested concerning future healthcare needs.

Families will be facilitated to be with the residents when they are dying. The person in charge explained that there is access and support available from the local palliative care team.

While there is no mortuary available in the centre there is an oratory area overlooking the garden space. Access to spiritual and religious supports from representatives from the resident faiths will be facilitated if requested.

The person in charge explained that there is a system in place to ensure residents and visitors will be informed sensitively when a residents dies in the centre. Residents' will receive support from staff when a resident dies in the centre. Facilities are available for family to stay with their relative, and refreshments provided.

Appropriate and suitable bags would be used to handover personal possessions. All returned property would be documented and signed for in the property check-list.

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 is a system in place to ensure that each resident will be provided with food and drink at times and in quantities adequate for his/her needs. The provider had arrangements in place for residents to dine in one of two dining rooms. Food will be served from a bain-marie area of the dining spaces by kitchen staff. Each meal will be checked by the chef and the care staff from an up to date list of residents recommended meals by the speech and language therapist, for example, modified consistency diets or meals recommended by the dietician for health related requirements.

Staff will be available in the dining room to supervise meals to ensure each resident receives the correct diet and to provide appropriate assistance as required. The dining rooms can accommodate 28 on the ground floor and 30 on the first floor. The person in charge outlined plans to have two sittings in each dining room to accommodate all residents. The table setting included placemats, smaller square tables accommodating up to four people and flower arrangements. The pictorial signage to the dining spaces had not yet been put in place, but was shown to the inspector.

There is a comprehensive policy for the monitoring and recording nutritional intake which will be implemented and monitored by the person in charge. Processes are in place to ensure residents do not experience poor nutrition and hydration. The inspector confirmed the person in charge had commenced an arrangement to facilitate referral to dietetics and speech and language therapists.

Access to fresh drinking water will be available at all times. There are water dispensers located in the building. The person in charge said that residents could choose to eat in their rooms if desired or the two dining rooms (one on each floor). Refreshments of hot or cold drinks and snacks will be available in between meals throughout the day.

The inspector reviewed the dining spaces and the rotational menus. The chef manager has experience working in designated centres, and had spent time planning the menus and modified diets. The chef discussed plans to make menus available in picture/word format for residents who may have difficulty in communicating verbally to assist them in making choices at meal times.

The chef told the inspector that he will be actively involved in meeting residents and obtaining their views on any changes they would like to be made to the menu, and their satisfaction with the quality of the meals.

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:

The inspector found that there will be a system in place to ensure that residents will be consulted with and participate in the organisation of the centre. The person in charge explained how each resident's privacy and dignity will be respected, including receiving visitors in private. Residents will be facilitated to communicate and exercise choice and control over his/her life and to maximise his/her independence. Links with advocacy service for older people had been commenced and an introductory meeting was planned for the centre when residents are accommodated there.

Residents will have opportunities to participate in meaningful activities, in line with his or her interests and preferences. The provider has outlined an additional service charge of five euros per day for this service. Activities will be provided in the centre by staff yet to be recruited. The service will include residents who may stay in bed for part of the day or have one-to-one sessions. Residents can also access activities of their choice in the community.

There is a level access garden at the centre for the residents to enjoy. The person in charge confirmed that suitable furniture including tables and seating was being sourced for residents to sit out in garden.

There is a visiting policy in place, visitors will be requested to sign in and out of the centre. The person in charge outlined that mealtimes were protected in terms of allowing the residents to eat without interruption. There was a quiet room and meeting room available that could be used by visitors. The inspector was informed that the area where the centre was located was well served by a number of bus routes to the city centre.

The person in charge said that voting rights will be respected and facilitated. Broadband and television media is in place, and newspapers will be available and delivered to residents on request.

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.***

<p>Theme: Person-centred care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: There were systems in place to safeguard residents' personal property possessions. The inspector reviewed these procedures and found that there were records of personal property, and of property held for safe keeping. Each resident had a lockable drawer beside their bed to store their belongings. In addition each bedroom has a wardrobe, and chest of drawers, and a shelving unit in the en-suite for personal toiletries.</p> <p>There was a fully equipped laundry on-site where residents' personal laundry would be completed. The areas for management of clean and dirty laundry had been segregated. Arrangements for regular laundering and ironing of clothing, and safe return were discussed. The person in charge confirmed that each resident would have their clothing labelled using a labelling machine, and net bags were being purchased to use in the washing machines. All sheets and towels would be laundered off-site by an external provider will be collecting and returning linen to the centre as required. The linen trolleys to facilitate this were seen to stored external to the premises.</p>
<p>Judgment: Compliant</p>

<p><i>Outcome 18: Suitable Staffing</i> <i>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.</i></p>
<p>Theme: Workforce</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: The inspector reviewed a draft admissions and staffing plan provided by the person in charge and found that appropriate staff numbers and skill set were planned to meet the proposed needs of residents. The planned rota and found that there is enough staff on duty seven days per week to meet the specific needs of residents outlined in the</p>

statement of purpose while taking into account the size and layout of the centre and the rate of planned admissions. The person in charge explained that additional staff will be in place as more residents are admitted to the centre.

Staff employed to date have up-to-date induction and mandatory training. They also have access to other education and training to meet the needs of residents as outlined the statement of purpose. Staff had received a broad range of training suitable to meet the assessed needs of residents. For example, falls prevention and management, infection control, dementia care and training on responsive behaviours. Healthcare assistants recruited are trained to FETAC Level 5.

The person in charge and the administrator provided an overview of how staff will be supervised appropriately and how staff are recruited, selected and Garda vetted in accordance with legislation. There is a system in place to ensure that all staff are orientated to the environment. New staff will always work closely with a more experienced member of staff, who acts as their mentor throughout their induction programme.

At the time of inspection there were no volunteers in place but the person in charge was aware of the vetting procedures that need to be in place should volunteers become part of the team.

There is a recruitment policy in place and the inspector was satisfied that staff recruitment was in line with the regulations. A sample of staff files had been examined and all relevant documents were present. All relevant members of staff and have an up-to-date registration with the relevant professional body. Further interviews were planned for additional staff recruitment following the inspection.

A system of formal supervision and appraisal is in place and will be fully implemented. The person in charge said that she has a system of supervisory meetings planned for each staff discipline. She also had a process of staff appraisal in place for implementation where staff would also have an opportunity to request additional training relevant to their role. The person in charge outlined how she planned to have appropriate and sufficient supervision and staff guidance in place including auditing of care practices by the management team in place.

Systems were in place to provide relief cover for planned and unplanned leave. The person in charge said that staff cover will be provided from within the existing staff compliment to ensure consistency in providing care.

All relevant updates on the centres' policies and procedures were in progress including call bells, information and record-keeping training to enable a smooth transition of residents and staff into the new centre.

The inspector observed staff interacting with the person in charge in a professional manner. Staff said that they were enjoying their induction programme and looking forward to welcoming residents, relatives and visitors to the centre.

The numbers and skill-mix of staff on duty will be subject to constant planning and

review by the person in charge, who has experience in this area.

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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