

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	St. Gobnait's Nursing Home
<b>Centre ID:</b>	OSV-0005668
<b>Centre address:</b>	Drewscourt, Ballyagran, Killmallock, Limerick.
<b>Telephone number:</b>	063 82065
<b>Email address:</b>	st.gobnait's@gmail.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	St. Gobnait's Nursing Home Limited
<b>Provider Nominee:</b>	Maura O'Sullivan
<b>Lead inspector:</b>	Mary O'Mahony
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	20
<b>Number of vacancies on the date of inspection:</b>	0

## About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Please note the definition of the following term used in reports:  
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
02 November 2017 10:30	02 November 2017 17:45
03 November 2017 09:30	03 November 2017 15:30

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 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 inspection of St Gobnait's Nursing Home by the Health Information and Quality Authority (HIQA) was carried out as part of the registration application process. The centre had previously been owned by a sole trader and had been registered with HIQA. It had now changed entity to a limited company with a number of management changes. The provider was required by legislation to now apply to register the new entity. The inspection was announced and took place over two

days. There were no vacancies in the 20 bedded centre on the day of inspection. The person in charge was now also the registered provider and was supported in her role by a senior charge nurse and financial administrator. During the inspection the inspector met with the person in charge, residents, relatives and staff members from all roles. The inspector observed practices and reviewed documentation such as residents' plans of care, staff files, training records, complaints records and policies.

The person in charge informed the inspector that the centre was family owned and that residents' wishes, individuality and autonomy were central to the care process. For example, the person in charge stated that a staff member was designated to attend to and sit with residents in the sitting room all day from 9am until 9pm each day. Residents spoken with about this stated that they felt secure as the staff members involved were familiar with them and their presence meant that there was always someone to talk with during the day. In addition, individual and group activities were seen to be meaningful and based on residents' assessed preferences. Visitors were plentiful during the days of inspection and residents stated that there were regular outings to local places of interest.

Mandatory training and relevant documentation including Garda vetting clearance, was up to date. Residents and relatives were complimentary with regards to the approachability and kindness of staff. Residents stated that their lives as older adults were enriched by the caring environment which was promoted by management staff. The Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People 2016 formed the basis for the findings of this inspection. The inspector found that the centre was fully compliant with the requirements of the regulations for the registration of a designated centre.

**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 statement of purpose had been reviewed to reflect the change in management personnel. It was found to meet the legislative requirements set out in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**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:**

The person in charge was supported by a good management structure. There were clear lines of authority and accountability. Detailed handover meetings were held by staff. The inspector saw evidence of management and staff meetings and found that issues were addressed in a proactive way. Improvements were seen to have occurred as a result of

the learning from audit outcomes. A new financial manager had been appointed. This person also took responsibility for health and safety issues, premises and resources.

There was evidence of consultation with residents and their relatives. The person in charge stated that residents had access to an external national advocacy agency. Contact details of this service were readily available to residents and their representatives. Relatives said that staff consulted with them if there was a change in any aspect of care. The inspector reviewed the results of residents' and relatives' surveys which demonstrated that there was a good communication process in place.

**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:**

The residents' guide was reviewed by the inspector and this was seen to be available to all residents. Contracts of care had been implemented for residents and a sample of these contracts were viewed by the inspector. The contracts were comprehensive, were agreed within a month of admission and contained details of fees to be charged, for extra services.

Additional information was available for residents, in the newsletter, from staff and on notice boards in the centre.

**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 person in charge had been in the post for many years. She worked full time in the centre and was a nurse with experience in the area of nursing the older person. The person in charge possessed 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 consistent basis. She met regularly with members of the management team and staff. She undertook continuous professional development and had qualifications in end of life care, dementia care, safeguarding and management. She also held the post of provider and had the required competencies and knowledge for this role as required under the Health Act 2007. She had been awarded first prize for person in charge of a designated centre at a national awards ceremony in November 2017.

**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 records listed in Schedules 2, 3, 4 and 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were maintained in a manner so as to ensure completeness and ease of retrieval.

The records viewed by the inspector were accurate and up to date. Residents could access their personal files if necessary. Records of inspections by other regulatory bodies were available in the centre. Medical records were maintained and the inspector viewed a selection of residents' care plans as well as their medical files. Each care plan outlined the social and medical needs of the resident and there were care plans in place for specific health and social care needs.

Centre specific policies were updated and reviewed within the required three year period.

The centre was adequately insured according to the insurance certificate viewed by the inspector. It contained the required regulatory detail in relation to the insurance of residents' property.

**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 suitable arrangements in place for the management of the designated centre in the absence of the person in charge for more than 28 days.

The person in charge worked full time and she was supported in her role by a charge nurse who deputised for her when she was absent.

**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:**



Policies and procedures were in place for the prevention, detection and response to abuse. The policy referenced best evidence based practice and to updated national guidelines. 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 courses in this area of mandatory training. Residents stated they felt safe and attributed this to the kindness of staff. One staff member was designated to act as the safeguarding officer for residents.

Systems were in place to safeguard residents' money and these were monitored by the provider and financial administration. Two staff members signed for any residents' monies lodged or withdrawn. A sample of records checked were seen to be in order. Each resident had a separate envelope of invoices and receipts for any personal spending.

A restraint-free environment was promoted. Bedrails were in minimal use at the time of inspection. Risk assessments had been carried out for those at risk of falls and 'cushioned' or 'alarm' mats were used as an alternative to bedrails.

A policy on managing behaviour which was related to the behavioural and psychological symptoms of dementia (BPSD) 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. Staff spoken with were aware of this policy and had received appropriate training to update their knowledge and skills.

**Judgment:**  
Compliant

***Outcome 08: Health and Safety and Risk Management***  
***The health and safety of residents, visitors and staff is promoted and protected.***

**Theme:**  
Safe care and support

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

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

**Findings:**

The health and safety statement was updated every three years. Aspects of health and safety were included on the agenda of staff meetings. Risk assessments were specific to the centre and to residents' safety. For example, controls were in place for residents who smoked and those who liked to walk outside independently. In addition, handrails were available on each corridor, grab-rails were seen next to toilets and a member of staff was assigned to support residents in the sitting room with mobility and activities.

Arrangements were in place for responding to emergencies. Suitable fire equipment was

provided and checked. The fire alarm panel and emergency lighting were serviced regularly. These records were viewed by the inspector. Staff received training in fire safety and fire drills took place on a three-monthly basis.

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 prominently located which indicated that infection control procedures were robust. The disposal of clinical waste followed the required guidelines.

Records viewed by the inspector confirmed that staff were trained in moving and handling of residents and that relevant equipment was serviced when required. For example, the centre had the use of a generator which was serviced annually. CCTV cameras were placed on outdoor areas of the centre for security reasons. Signage was displayed to alert people to the presence of these cameras.

**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:**

Policies were in place relating to the ordering, prescribing, storing and administration of medications. The inspector found that medications were administered, prescribed, stored and disposed of appropriately in line with An Bord Altranais agus Cnáimhseachais na hÉireann Guidance to Nurses and Midwives on Medication Management (2007). A sample from the register of controlled drugs was checked and found to be correct.

Photographic identification was available on the medicine administration charts for each resident to ensure the correct identity of the resident receiving the medication. This minimised the risk of medication error. Medicine management was the subject of regular audit. Nursing staff had undertaken medication management training. A senior nurse transcribed medication. The policy on transcribing medication was followed for this practice.

**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:**

A record was maintained of all incidents occurring in the centre. Quarterly and three-day notifications were submitted to HIQA 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):**

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

**Findings:**

Residents' health care needs were met through timely access to the general practitioner (GP) service. Residents were facilitated to retain their own general practitioner (GP). The GP was seen to visit residents on the day of inspection. There was an out-of-hours medical service available also.

Care plans were individualised and reviewed four-monthly. A daily nursing note was maintained and the inspector saw evidence that residents were involved in developing their care plans. The person in charge informed the inspector that a resident could access their personal information if requested. Clinical assessments, such as, skin integrity, falls, continence, cognition, pain and nutritional status were undertaken for each resident. The Malnutrition Universal Screening tool (MUST) was utilised to assess the risk of malnutrition for any resident who had lost weight. Residents' weight was recorded monthly. There was good communication between the dietician, the staff and

the kitchen staff. The inspector spoke with a number of staff who were found to be familiar with residents' nutrition needs, special diets, likes and dislikes.

Optical and dental services were accessible. A chiropodist visited regularly. Speech and language services were available. Dietary advice was received from a dietitian from a nutritional company and from a private dietician. Training for staff on nutritional aspects was also facilitated by this service. The hairdresser attended every second week and more often if requested.

There were opportunities for residents to participate in a number of meaningful and varied activities. Life story information was used to ascertain resident's preferred activity or previous interests. This was addressed further under Outcome 16; Residents' rights, dignity and consultation.

**Judgment:**

Compliant

***Outcome 12: Safe and Suitable Premises***

***The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**

Effective care and support

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

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

**Findings:**

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. The sensory garden had a sheltered seated area where residents could sit and enjoy the surroundings with visitors or with staff. This was very popular with residents who were in and out to the outdoor area frequently during the two days the inspector was present.

The design and layout of the centre promoted residents' independence and wellbeing. The provider maintained a safe environment for residents' mobility. The decoration throughout was of a good standard and an on-going redecoration programme was in place. Adequate space was available to support residents' privacy. There was a variety of communal spaces available, including a sitting room and visitors room. Personal items were displayed around the home, as well as in residents' bedrooms.

The premises and grounds were well-maintained. The size and layout of bedrooms was suitable to meet the needs of residents. There was a bathroom and three shower rooms

available for residents' use. The bedrooms, which consisted of single and double occupancy rooms were spacious and decorated in a personal manner. The dining room was large enough to seat all residents and was located next to the kitchen. Colourful oil-cloth tablecloths and flower arrangements were in place. Equipment was well-maintained and service records were available to the inspector. Residents were positive in their comments in relation to the laundry arrangements and the linen cupboards were seen to be well stocked. There was a suitably equipped laundry and appropriate sluicing facilities in the centre.

The inspector noted that residents were facilitated to enjoy garden parties and garden walks throughout the year. In addition, the gardens were easily viewed through the large picture windows and glass-fronted porch area. Residents spoken with by the inspector expressed that they enjoyed the view. The gardens were independently accessible to residents and were furnished with antique farming implements, raised flower beds, suitable seating and a popular 'grotto'. Residents spoken with confirmed that they enjoyed the peaceful outdoor setting.

**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 reviewed the complaints policy and procedure and found that it contained all the requirements of the regulations. The complaints procedure was displayed on the wall inside the main entrance.

A designated individual was nominated with overall responsibility to investigate complaints. An independent appeals process was outlined in the event that the complainant was not satisfied with the outcome of their complaint.

The inspector viewed the complaints log and saw that complaints, actions taken and outcomes were documented in accordance with best practice and that feedback was given to the complainant. There was documentary evidence available in minutes of staff meetings that complaints were discussed to facilitate learning and improve practice.

**Judgment:**

Compliant

<p><b>Outcome 14: End of Life Care</b>  <i>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.</i></p>
<p><b>Theme:</b>            Person-centred care and support</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b>            This was the centre's first inspection by the Authority.</p> <p><b>Findings:</b>            Religious and spiritual needs were attended to and there was an opportunity for residents to attend religious services. Mass was seen to be said by the local priest during the inspection. The person in charge said that he was very supportive to residents and their families. Residents said that mass was a weekly event.</p> <p>Care practices and procedures were in place to ensure good end of life care. The supporting policy was reviewed by the inspector. This outlined the procedure to be followed to ensure residents received care in a way that met their individual needs and respected their dignity. Individual religious and cultural practices were facilitated and family and friends were enabled to be with the resident at the end of life in the overnight facilities. There was access to specialist palliative services where necessary.</p> <p>The inspector saw evidence that residents' end of life wishes were being recorded when these became known. The person in charge told the inspector that the GP was involved in documenting residents' wishes.</p>
<p><b>Judgment:</b>            Compliant</p>

<p><b>Outcome 15: Food and Nutrition</b>  <i>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.</i></p>
<p><b>Theme:</b>            Person-centred care and support</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b>            This was the centre's first inspection by the Authority.</p> <p><b>Findings:</b></p>

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. The food provided was nutritious and available in sufficient quantities. Meals were available 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 and a menu was provided at each mealtime.

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. Residents dined together in the dining room where the tables were seen to be suitably set up with nice cutlery and tableware. 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 flexible times, if required. Residents also expressed that the food was very good and they confirmed that a choice was available.

The chef had been in the centre for many years and had a good rapport with residents. She was found to be familiar with the dietary needs of residents. She had appropriate training undertaken and communicated with the person in charge on a daily basis. Changes to dietary requirements made by the dietician and the speech and language therapist were brought to her attention. The chef informed the inspector that the location of the kitchen next to the dining room meant that she could see if residents required second helpings. The majority of residents were enabled to maintain independence when eating their meals and assistive devices were used when required. Staff provided discreet support if a resident required help.

**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:**  
During the inspection residents were engaged in activities in the sitting room and in the garden. There was evidence of reminiscence opportunities and there was a full and varied activity programme in place. Residents spoke with the inspector about these events and said how they enjoyed having a choice of activities. For example, residents



had an interest in the Queen's visit to Ireland and a DVD on this event had recently been purchased for residents' use. The activities co-ordinator also provided individual sessions to residents who did not wish to partake in group activities. She stated that she took their wishes into account when organising the activity schedule. Residents engaged in activities such as art and craft work, quizzes, music sessions, individual crosswords, board games, watching favourite DVDs, newspaper reading and chair based exercises. The management team stated that they were committed to consulting with residents to ensure that they had a sense of autonomy and involvement

The inspector spoke with residents who said that their choice of attendance or not at activities was respected. Residents were seen to be walking around the premises, both inside and out in the garden, independently and sometimes accompanied by a staff member or a family group. They were seen to enjoy a level of independence appropriate to their assessed abilities. Evidence of life-story work was also seen by the inspector and residents had photographs of their relatives and of special occasions displayed in their rooms. A sample of care plans reviewed were person-centred and contained relevant information about the life experience of residents. Staff demonstrated a good knowledge and understanding of residents' backgrounds and personal interests. Appropriate arrangements were in place to support residents to vote or to go out to visit friends. The inspector observed that there were suitable activities available for residents who had a diagnosis of dementia but many of these residents were also seen to be included in any activity that they had a preference for.

A policy on communication was in place. Staff were aware of communication strategies and were seen to communicate appropriately with residents who had dementia or those with differing abilities. The centre was well integrated in the community with local entertainers and students attending regularly. A guide on the services available in the centre was available to residents. Residents' consultation meetings were held and the person in charge recorded any issues which arose. Advocacy services were accessible and relevant contact details were displayed throughout the centre. Surveys and questionnaires reviewed by the inspector were consistently positive. Where areas for improvement were identified, the management team were responsive.

The inspector observed residents engaging in a newspaper reading session, a quiz, a sing along, a reminiscence session, watching news and a DVD. Sessions of 'bingo' created a fun atmosphere and proved very popular during the inspection. Residents who did not partake in other activities said that they really enjoyed the camaraderie that was generated at this activity. A large group of residents were present at each activity and the weekly programme was available to all. There was no restriction on visiting times.

**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:**

The inspector observed that residents were encouraged to personalise their rooms. A selection of residents' personal cushions, ornaments, armchairs, furniture, pictures and photos were seen to be present in a number of rooms. Appropriate storage space was provided in residents' bedrooms for their clothing and belongings. Locked storage space was available.

There was a policy on residents' personal property and possessions and residents' property lists were seen to be completed in residents' files.

The laundry system was found to be satisfactory. Positive feedback was relayed in completed questionnaires regarding laundry services. Clothes were discreetly marked and residents reported that clothes generally did not go missing and were returned to them in a timely fashion.

**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:**

The number and skill-mix of staff were adequate to meet the assessed needs of residents. According to staff spoken with handover reports between day and night shifts were comprehensive and contributions were given by nurses and carers. Staff received daily updates relating to social and medical care.

Current registration with the professional body was in place for all nurses. The staff training matrix demonstrated that mandatory training was undertaken at regular intervals. Staff appraisals were completed annually. Other staff training modules included end of life care, manual handling, dysphagia (swallowing difficulties), aspects of dementia care, infection prevention, wound management, medication management and fire safety.

The person in charge explained the induction programme in place for new staff and informed the inspector that probationary meetings were held at three monthly intervals.

A sample of staff files viewed by the inspector were seen to be in compliance with the requirements of Schedule 2 of the Regulations. Relevant staff had undertaken a recognised Level 5 training module in care of the older adult. The provider/person in charge stated that the regulatory Garda Vetting (GV) was in place for staff and that all staff working in the centre were required to have this in place prior to taking up employment.

**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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