

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Nenagh Manor Nursing Home
<b>Centre ID:</b>	OSV-0000422
<b>Centre address:</b>	Yewston, Nenagh, Tipperary.
<b>Telephone number:</b>	067 346 54
<b>Email address:</b>	nenagh@silverstream.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Foxberry Limited
<b>Provider Nominee:</b>	Joseph Kenny
<b>Lead inspector:</b>	Mary Costelloe
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	48
<b>Number of vacancies on the date of inspection:</b>	6

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

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

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

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

From:	To:
05 July 2017 09:00	05 July 2017 17:00
06 July 2017 09:00	06 July 2017 15:00

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 13: Complaints procedures	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

This report sets out the findings of an inspection, which took place following an application to the Health Information and Quality Authority, to renew registration. This inspection was announced and took place over two days. As part of the inspection the inspector met with residents, relatives and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

Overall, the inspector found that the provider and person in charge continued to demonstrate a high level of commitment to meeting the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations and the National Quality Standards for Residential Care Settings for Older People in Ireland.

The location, design and layout of the centre was suitable for its stated purpose and

met residents' individual and collective needs in a comfortable and homely way. There were plans in place to extend the nursing home and to configure the four (three bedded) rooms to twin bedrooms.

There was evidence of good practice in all areas. The person in charge and staff demonstrated a comprehensive knowledge of residents' needs, their likes, dislikes and preferences. Staff and residents knew each other well, referring to each other by first names. Residents were observed to be relaxed and comfortable when conversing with staff.

On the days of inspection, the inspector was satisfied that the residents were cared for in a safe environment and that their nursing and healthcare needs were being met. Nursing documentation was completed to a high standard. The inspector observed sufficient staffing and skill-mix on duty during the inspection and staff rotas confirmed these staffing levels to be the norm.

The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day and an ethos of respect and dignity for both residents and staff was evident.

The collective feedback from residents and relatives was one of satisfaction with the service and care provided.

Improvements were required to the four (three bedded rooms) on the second floor of the centre which did not comply with the Authority's Standards. This is included in the action plan at the end of the report.

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

***Outcome 01: Statement of Purpose***

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The inspector reviewed the recently updated statement of purpose, Revision 7 dated 29 May 2017. It complied with the requirements of the regulations. The statement of purpose accurately reflected the services and facilities; along with the aims, objectives and ethos of the centre.

**Judgment:**

Compliant

***Outcome 02: Governance and Management***

***The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The provider had established a clear management structure. The person in charge worked full time in the centre, the assistant director of nursing deputised in the absence of the person in charge. There was an on call out-of-hours system in place. The person in charge was supported by the assistant director of nursing and two clinical nurse

manager's. The person in charge was further supported by the management team including the provider representative, operations manager, finance manager, maintenance manager and compliance and information technology manager. The provider representative attended monthly governance team meetings which were held in the centre. The nursing management team met each other, residents and staff on a daily basis. Residents and staff spoken with told the inspector that they felt well supported and could report or discuss any issue with any member of the management team.

Systems were in place to review the safety and quality of care. Regular audits and reviews were carried out in relation to incidents, falls, medication management, restraint, residents' weights, health and safety and end of life care. The results of audits were discussed at the monthly governance team meetings along with clinical audits, dependency levels of residents, staff training and self assessment against the National Standards for Residential Care Settings for Older People in Ireland. Staff confirmed that results of audits were discussed with them to ensure learning and improvement to practice. A report on the quality and safety of care of residents in the nursing home had been documented for 2016-2017 which included an improvement plan. Feedback from residents committee meetings, resident surveys, training needs analysis, reviews of incidents and complaints along with assessment of performance against the National Standards were used to inform the annual review of the safety and quality of care.

There was evidence of consultation with residents and their representatives. Residents committee and relatives information and support meetings were held on a regular three monthly basis and were facilitated by the advocacy manager. Notice of upcoming meetings were displayed, relatives were also contacted and invited to attend. Minutes of meetings were recorded, issues discussed included catering, activities, day trips and development plans.

There was evidence that both residents and their relatives were involved in the development and review of their care plans.

**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 was a nurse and worked full-time in the centre. She had the required experience in the area of nursing the older adult. The person in charge was knowledgeable regarding the regulations, HIQA's Standards and her statutory responsibilities. She demonstrated very good clinical knowledge. She was very knowledgeable regarding the individual needs of each resident.

The person in charge had engaged in continuous professional development. She had recently completed level six qualifications in both Gerontology and Leadership. She had completed all mandatory training.

The inspector observed that she was well known to staff, residents and relatives. Throughout the inspection process the person in charge demonstrated a commitment to delivering good quality care to residents and to improving the service delivered. All documentation requested by the inspector was readily available.

**Judgment:**

Compliant

***Outcome 07: Safeguarding and Safety***

***Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

The provider and person in charge had taken measures to safeguard residents from being harmed and from suffering abuse.

There were comprehensive recently updated policies on the prevention and responding to allegations of abuse. Staff spoken with and training records viewed confirmed that staff had received ongoing education on elder abuse. Staff spoken with were clear regarding their responsibilities and the person in charge was clear regarding her role. Allegations of abuse in the past had been appropriately managed in line with the centres policy. The person in charge confirmed that all staff, volunteers and persons who provided services to residents on a regular basis had Garda Síochána (police) vetting in place. The inspector reviewed a sample of staff files and noted Garda vetting in place.

The inspector reviewed the policies on meeting the needs of residents presenting with challenging behaviour (including those on psychotropic medication) and restraint use. The policy on behaviours that challenged outlined guidance and directions to staff as to

how they should respond and strategies for dealing with behaviours that challenged. The policy on restraint was based on the national policy and included clear directions on the use of restrictive procedures including risk assessment and ensuring that the least restrictive intervention was used for the shortest period possible. Staff continued to promote a reduction in the use of bedrails, and the inspector saw that alternatives such as low low beds, crash mats and bed alarms were in use for some residents. The inspector reviewed a sample of files of residents using bedrails and found that risk assessments detailing alternatives tried and considered as well as care plans guiding care were documented. Regular checks of all residents were being completed and documented.

The inspector reviewed a sample of files of residents presenting with behaviours that challenged and noted that comprehensive care plans were in place to guide staff. There was evidence of regular multidisciplinary review as well as regular reviews of medications.

Many staff spoken with and training records reviewed indicated that staff had attended training on dementia care, dealing with behaviours that challenged and management of restraint.

There was a policy on the security of residents accounts and personal property and the inspector was satisfied that systems in place were clear and transparent. There were regular reviews of individual accounts which were overseen by the finance manager. All residents had access to a secure lockable locker in their bedrooms should they wish to securely store any personal items.

The inspector observed staff interacting with residents in a respectful and friendly manner. Residents were observed to be relaxed and happy in the company of staff.

**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 inspector was satisfied that risk management was well managed in the centre.

There was a health and safety statement available. The inspector reviewed the risk register and found it to be comprehensive, recently reviewed and updated. All risks



specifically mentioned in the regulations were included. Systems were in place for regular review of risks. There was a health and safety committee who met three monthly. The minutes of meetings were recorded and issues discussed at the last meeting held in May 2017 included falls management review, safety statement review, heating issues, waste management and incident review. Risks were also discussed and reviewed at the monthly team governance management meetings.

The inspector reviewed the emergency plan which included clear guidance for staff in the event of a wide range of emergencies including the arrangements for alternative accommodation should it be necessary to evacuate the building.

Training records reviewed indicated that all staff members had received up-to-date training in moving and handling. Staff spoken to confirmed that they had received this training. The inspector observed good practice in relation to moving and handling of residents during the inspection. The service records of all manual handling equipment such as hoists, wheelchairs and specialised chairs were up-to-date.

The inspector reviewed the fire policies and procedures. Records indicated that all fire fighting equipment had been serviced in December 2016 and the fire alarm was serviced on a quarterly basis. The fire alarm was last serviced in June 2017. Daily and weekly fire safety checks were carried out and these checks were recorded. Fire safety training took place regularly and included evacuation procedures and use of fire equipment. All staff spoken to told the inspector that they had received recent fire safety training. Training records reviewed indicated that all staff had received up-to-date formal fire safety training.

Handrails were provided to all circulation areas and grab rails were provided in all toilets and bathrooms. Call-bell facilities were provided in all rooms. Safe floor covering was provided throughout the building. A lift was provided between floors. Service records reviewed indicated that the lift was serviced regularly.

The inspector noted that infection control practices were robust. There were comprehensive policies in place which guided practice. Hand sanitizer dispensing units were located at the front entrance and throughout the building. Staff were observed to be vigilant in their use. The building was found to be clean and odour free. All staff had recently completed infection control training.

The inspector spoke with housekeeping staff regarding cleaning and laundry procedures. Staff were knowledgeable regarding infection prevention and control procedures including colour coding and use of appropriate chemicals.

**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:**

The inspector found evidence of good medicines management practices and sufficient policies and procedures to support and guide practice.

The inspector spoke with nursing staff on duty regarding medicines management issues. They demonstrated competence and knowledge when outlining procedures and practices on medicines management.

Medicines requiring strict controls were appropriately stored and managed. Secure refrigerated storage was provided for medicines that required specific temperature control. The temperature of the refrigerator was monitored and recorded on a daily basis.

The inspector reviewed a sample of medicine prescribing and administration sheets. All medicines were regularly reviewed by the general practitioners (GP). All medicines including medicines that were required to be crushed were individually prescribed.

Systems were in place to record medicine errors which included the details, outcome and follow-up action taken. Staff were familiar with these systems.

Systems were in place for checking medicines on receipt from the pharmacy and the return of unused and out-of-date medicines to the pharmacy. Nursing staff confirmed that they had good support from the pharmacist.

Regular medicines management audits were carried out by nursing management. All nursing staff had recently completed recent medicines management training and new nursing staff had completed medicines management competency assessments.

**Judgment:**

Compliant

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

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

**Theme:**

Effective care and support

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

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

**Findings:**

The inspector found that residents' overall healthcare needs were met and they had access to appropriate medical and allied healthcare services and each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Residents had access to general practitioner (GP) services of their choice and could retain their own GP if they so wished. There was an out-of-hours GP service available. The inspector reviewed a sample of files and found that GPs reviewed residents on a regular basis. The inspector noted that medications were regularly reviewed, and individually prescribed. Inspectors were satisfied that medications were administered as prescribed and that there was no over reliance on PRN (as required medications).

A full range of other services was available including speech and language therapy (SALT), physiotherapy, occupational therapy (OT), dietetic services, tissue viability and psychiatry of later life. Chiropody and optical services were also provided. The inspectors reviewed residents' records and found that residents had been referred to these services, regularly reviewed and results of appointments were written up in the residents' notes.

The inspector reviewed a number of residents' files including the files of residents with restraint measures in place, at high risk of falls, at risk of absconsion, nutritionally at risk, presenting with behaviours that challenge and communication issues. See Outcome: 7 Safeguarding and Safety regarding restraint and behaviours that challenge.

Comprehensive up-to-date nursing assessments were in place for all residents. A range of up-to-date risk assessments were completed for residents including risk of developing pressure ulcers, falls risk, nutritional assessment, dependency, moving and handling, oral health, continence, pain and functional behaviour.

The inspector noted that care plans were in place for all identified issues. A comprehensive and informative daily needs care plan was in place for all residents which outlined clear guidance for staff in areas such as washing and dressing, elimination, eating and drinking, mobilisation and safe environment, communication, controlling temperature, social, mental and emotional state, expressing sexuality, maintaining respect and dignity, sleeping and end of life care. Care plans guided care and were regularly reviewed. Care plans were person centered and individualised. There was evidence of relative/resident involvement in the review of care plans. Nursing staff and health care assistants spoken with were familiar with and knowledgeable regarding residents up to date needs.

The inspector was satisfied that residents weight changes were closely monitored. All residents were nutritionally assessed using a validated assessment tool. All residents were weighed regularly. Nursing staff told the inspector that if there was a change in a

resident's weight, nursing staff would reassess the resident, inform the GP and referrals would be made to the dietician and speech and language therapy (SALT). Files reviewed by the inspector confirmed this to be the case. Care plans in place were found to be person centered and very comprehensive. Nutritional supplements were administered as prescribed. All staff were aware of residents who required specialised diets or modified diets and were knowledgeable regarding the recommendations of the dietician and SALT.

There were printed menus and large menu boards which clearly displayed what food choices/dishes were available for each meal. Mealtimes in the dining rooms were unhurried social occasions in a domestic style setting. Staff were observed to engage positively with residents during meal times, offering choice and appropriate encouragement while other staff sat with residents who required assistance with their meal.

The inspector reviewed the files of residents who had recently fallen and noted that the falls risk assessments and care plans had been updated post falls. The physiotherapist visited the centre on a weekly basis and reviewed all residents post falls. The person in charge reviewed falls on a regular basis, there was evidence of learning and improvement to practice. Low-low beds, crash mats, chair and bed sensor alarms and hip protectors were in use for some residents. The inspector noted that the communal day areas were supervised by staff at all times.

Staff provided end of life care to residents with the support of their GP and the palliative care team. The inspector reviewed a number of 'end of life' care plans that outlined the individual wishes of residents and their families including residents' preferences regarding their preferred setting for delivery of care. Many staff had undertaken training in end of life care provided by the Irish hospice 'What matters to me - final journeys' and some staff had attended a seminar on end of life for people living with dementia.

The social care needs of each resident were assessed and records were maintained of each residents participation in activities. Detailed life histories, a 'Key to me' had been documented for residents and staff were observed to use this information when conversing with residents. There was a full time activities coordinator employed in the centre. She had completed training in Sonas and imagination gym specifically to support the delivery of appropriate activities for residents with a dementia. The activities coordinator carried out group and individual activities with residents. The weekly activities schedule was displayed and the inspector observed residents enjoying a variety of activities during the inspection including bingo, gardening, foot spa's, walking outside and Sonas session. Residents spoken with told the inspector that they enjoyed the variety of activities taking place. They confirmed that there were regular live music sessions, weekly mass, daily rosary and regular outings to places of local interest. They spoke about going out to attend mass in the local church and going for coffee afterwards, visiting local pubs and going to social dances in the local scout hall. The hairdresser attended weekly and many residents told the inspector that they enjoyed having their hair done. They spoke of enjoying the annual garden party which had taken place recently and had been attended by members of the local motor club with their vintage car display.

**Judgment:**

Compliant

**Outcome 12: Safe and Suitable Premises**

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

**Theme:**

Effective care and support

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

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

**Findings:**

The premises was generally suitable for its stated purpose and met the residents' individual and collective needs in a homely and comfortable way. The premises comprised a home set over three floors including a separate 10-bed dementia focused unit on the ground floor. However, issues identified at the previous inspections in relation to the four (three bedded rooms) on the second floor of the centre had not yet been addressed. The management team advised that following the last inspection, plans had been modified following consultation with residents and resubmitted for planning approval. Planning permission had since been granted and the provider was now actively seeking funding to carry out the proposed works.

The premises were well maintained, clean and nicely decorated. There was a good variety of communal day space such as dining and day rooms, smoking room, conservatory and visitor's room. All communal areas were bright, comfortably furnished and had a variety of furnishings which were domestic in nature. Additional seating was provided in the hallways and alcoves.

There was adequate numbers of assisted toilets, bath and shower rooms. Assisted toilets were located beside the day rooms. There was a nurse call-bell system in place.

Residents were encouraged to personalise their rooms and many had photographs and other personal belongings in their bedrooms. Resident's artwork was displayed throughout the centre and in residents bedrooms.

Adequate assistive equipment was provided to meet residents' needs such as hoists, specialised beds and mattresses. The inspector viewed the service and maintenance records for the equipment and found these were up-to-date.

There was a functioning call bell system in place. A lift was provided between floors and records of servicing were up to date. Handrails were provided in circulation areas and on

stairways and grab rails were provided in bath, shower and toilet areas. The flooring was in good repair throughout the centre.

There was a secure garden area available for the use of residents. However, the inspector noted that access to the garden area was restricted due to poor signage, key coded door access and long walk via rear yard and ramp to garden. Residents also had access to the patio area outside the main front door entrance area. This area had a variety of garden furniture and colourful flowers in containers and boxes. Residents spoken with stated that they enjoyed sitting in this area as it was a great sun trap. During the inspection the inspector observed residents spending time outside.

Access to and from the dementia focused care unit was secure. The physical environment was designed in a way that was consistent with the design principles of dementia-specific care units. A conservatory was also provided. Each resident had their own bedroom, which were individually decorated and attractive. Colour, lighting and cues were used to assist with perceptual difficulties and orient residents. For example, bedroom doors were brightly coloured, and colour and signage was used to assist residents to locate toilet facilities independently. The corridors were wide and bright and allowed for freedom of movement. The unit was well-maintained and pleasantly decorated with colourful art work on the walls that had been created by residents. Residents had direct access to a secure pleasant outdoor space.

**Judgment:**

Non Compliant - Moderate

***Outcome 13: Complaints procedures***

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

**Theme:**

Person-centred care and support

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

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

**Findings:**

The inspector found evidence of good complaints management. Issues identified at the last inspection had been addressed.

There was a comprehensive complaints policy in place which clearly outlined the duties and responsibilities of staff. The complaints procedure was clearly displayed in a prominent position.

The inspector reviewed the complaints log, there were no open complaints. The details of complaints were recorded along with actions taken. All complaints to date had been investigated and responded to.

Residents spoken with told the inspector that they could speak with and raise any issue with members of the management team and felt they would be listened to. Throughout the inspection, inspectors observed good communication between residents and staff.

**Judgment:**

Compliant

***Outcome 16: Residents' Rights, Dignity and Consultation***

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

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that the centre was run and managed in consultation with residents and in a manner that maximised their independence. This is discussed further under Outcome 2: Governance and management.

The inspector noted that the privacy and dignity of residents was well respected. Most residents had single bedrooms with en suite toilet and shower facilities. Bedroom and bathroom doors were closed when personal care was being delivered. Staff were observed to knock and wait before entering bedrooms. Adequate screening curtains were provided in shared bedrooms. However, the size and layout of some of the three bedded rooms did not promote privacy and dignity. There were plans in progress and planning permission had been granted to redevelop and extend the centre. The plans included the reconfiguration of the three bed rooms to twin bedrooms.

Residents were treated with respect. Inspectors heard staff addressing residents by their preferred names and speaking in a clear, respectful and courteous manner. Staff paid particular attention to residents' appearance, dress and personal hygiene and were observed to be caring towards the residents. Residents choose what they liked to wear.

Staff were observed to treat residents in a dignified manner and in a way that maximised their choice and independence. The inspector observed that residents were always referred to by their first name and politely asked if they needed anything, given choices around what they would like to do, where they would like to sit, what they would like to eat and drink, and reassured and reoriented when they were upset or confused.

Staff and residents confirmed that there are no set times or routines in terms of when a resident must get up in the morning or go to bed at night. Residents had a choice of having their meals in the dining room, in the day room or in their bedroom. Residents spoken with said that there were no rules.

A number of the questionnaires completed by residents and family members by way of feedback to HIQA confirmed that the centre made every effort to maintain residents' independence.

Residents' religious and political rights were facilitated. Mass was celebrated weekly in the centre. The rosary was recited daily. Eucharistic ministers visited twice weekly. Ceremonies from the local church were available by radio link and some residents told the inspector that they enjoyed listening to the daily mass. Other residents told the inspector that they were facilitated to visit the local church and sometimes attended mass there. Arrangements were in place for residents of different religious beliefs. Staff told the inspector that residents were facilitated to vote and explained that residents had been facilitated to vote in-house during recent elections. Residents spoken with confirmed this to be the case.

There was an open visiting policy in place. Relatives indicated in completed questionnaires that they were always made to feel welcome by staff. Residents had access to the centre's cordless phones and many residents had their own mobile handset device. Staff were aware of the different communication needs of residents and care plans set out the ways in which those who had a communication impairment required intervention.

The centre was part of the local community and residents had access to radio, television, the internet and Skype. Daily and regional newspapers were provided. Some residents told the inspector how they enjoyed reading the daily newspapers.

**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:**

The inspector found there was an appropriate number and skill mix of staff on duty to meet the holistic and assessed needs of the residents on the day of inspection.

Relative's and residents spoken with were complimentary regarding the staff stating that they were both caring and competent. Staff were supervised to their role and appraisals were also conducted. There were normally three nurses and eight care staff on duty during the morning time, three nurses and five care assistants on duty in the afternoon and evening time and two nurses and three care assistants on duty at night time. The person in charge was normally on duty during the day time. The assistant director of nursing also worked during the week days and sometimes at weekends.

An actual and planned roster was maintained in the centre with any changes clearly indicated. The inspector reviewed staff rosters which showed there was a nurse on duty at all times, with a regular pattern of rostered care staff. The staffing complement included activity coordinator, catering, housekeeping, administration and maintenance staff. The person in charge ensured that two care staff were always assigned to the dementia focused unit to ensure continuity of care to the residents. Many of the care staff spoken with had worked in the unit for several years.

There was a varied programme of training for staff. Staff spoken with and records reviewed indicated that all staff had completed mandatory training in areas such as safeguarding and prevention of abuse, and fire safety.

The staff also had access to a range of education, including training in specific dementia care training courses, restraint management, dealing with behaviours that challenge, infection control, hand hygiene, medication management, end of life care, continence and nutrition. The activities coordinator had completed training in Sonas and imagination gym. The assistant director of nursing had recently attended training on the Assisted Making-Decision (Capacity) Act.

There were robust recruitment procedures in place. Staff files reviewed were found to contain all the required documentation as required by the Regulations. Garda Síochána vetting was in place for all staff. Nursing registration numbers were available for all staff nurses. Details of induction/orientation received, training certificates and appraisals were noted on staff files.

**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 Costelloe  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Nenagh Manor Nursing Home
<b>Centre ID:</b>	OSV-0000422
<b>Date of inspection:</b>	05 and 06 July 2017
<b>Date of response:</b>	27 July 2017

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure 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 in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 12: Safe and Suitable Premises

#### Theme:

Effective care and support

#### The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The four (three bedded rooms) on the second floor of the centre did not comply with the Authority's Standards

#### 1. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

designated centre.

**Please state the actions you have taken or are planning to take:**

Plans submitted to the Authority in August 2014 and September 2014 outline the plans for 10 additional bedroom with en-suite/wet rooms. On completion we intend to reduce the 4 x 3bedded rooms to twin bedrooms.

An application to vary condition 8 submitted on 27/07/2017 to outline new date for completion of works by the 31/10/2018.

**Proposed Timescale:** 31/10/2017