

# eDeposit Ireland

## **Eyrefield Manor Nursing Home, Church Lane, Greystones, Wicklow.**

Item Type	report
Authors	Renwick, Louise
Citation	Louise Renwick, 'Eyrefield Manor Nursing Home, Church Lane, Greystones, Wicklow.', [report], Health Information and Quality Authority, Compliance monitoring inspection report (Ireland. Health Information and Quality Authority. Regulation Directorate). Designated centres under Health Act 2007, as amended., 2014-09
Publisher	Health Information and Quality Authority
Download date	2026-03-13 13:59:57
Link to Item	<a href="https://hdl.handle.net/20.500.14765/71368">https://hdl.handle.net/20.500.14765/71368</a>

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Eyrefield Manor Nursing Home
<b>Centre ID:</b>	ORG-0000036
<b>Centre address:</b>	Church Lane, Greystones, Wicklow.
<b>Telephone number:</b>	01 287 2877
<b>Email address:</b>	eyrefieldmanor@gmail.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Norwood Nursing Home Limited
<b>Provider Nominee:</b>	Patrick Behan
<b>Person in charge:</b>	Elizabeth Mitchell (Behan)
<b>Lead inspector:</b>	Louise Renwick
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	55
<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.

**Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration 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:
25 June 2014 09:30	25 June 2014 16:30
26 June 2014 09:45	26 June 2014 13:30

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

Outcome 01: Statement of Purpose
Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 05: Absence of the person in charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
Outcome 10: Reviewing and improving the quality and safety of care
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents Rights, Dignity and Consultation
Outcome 17: Residents clothing and personal property and possessions
Outcome 18: Suitable Staffing

**Summary of findings from this inspection**

This monitoring inspection took place over two days, and was to inform a registration renewal decision. As part of the inspection, the inspector spoke with residents, family members, staff and a local General Practitioner (GP). The inspector observed practices and reviewed documentation such as care plans, medical records, accidents and incident logs, policies, procedures and staff files.

Overall the inspector found high compliance with the Care and Welfare of Residents in Designated Centres for Older People Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. The inspector followed up on any outstanding actions generated from the most

recent inspection report, and found that they had all been adequately addressed. The inspector had received some unsolicited information in relation to the designated centre prior to the visit, in relation to the quality of care in Eyrefield Manor. However, the inspector found nothing to substantiate this during the two days of inspection, and evidenced good practice across all areas.

There was evidence of good access to allied health care professionals, and clear documentation in relation to the assessed needs of residents. The inspector was satisfied that residents' health and social care needs were being met.

The inspector found there to be adequate staffing on duty at all times to meet the assessed needs of residents, with sufficient training available to support staff in their role. Staff were familiar with residents and their individual needs and preferences. The inspector found that there were strong governance and oversight arrangements in place in the designated centre.

The designated centre was beautifully decorated, with a homely feel throughout. The building and the grounds were safe and secure, and maintained to a high standard. Residents commented to the inspector that the person in charge went out of her way to improve their living areas with individual items or decoration suitable to their interests.

The findings of this monitoring inspection are detailed within the 18 outcome headings in the body of this report.

**Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

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

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

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that there was a written statement of purpose in place that accurately described the service that was provided by the designated centre. The inspector found that the statement of purpose was clearly demonstrated in practice.

**Judgement:**

Compliant

***Outcome 02: Contract for the Provision of Services***

*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:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that there were written contracts agreed with residents which included details of the services to be provided and the fees charged. The inspector reviewed a sample of contracts and found clear details of set fees, and any additional fees that may be charged for a variety of activities.

**Judgement:**

Compliant

***Outcome 03: Suitable Person in Charge***

*The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that the designated centre was managed by a suitable person in charge with accountability, authority and responsibility for the provision of services. Elizabeth Mitchell is the person in charge, is a registered nurse and had been in post since the centre first opened in 2006. The inspector reviewed the staff file and training records for the person in charge, and found a commitment to continuous professional development. Since the beginning of the year, the person in charge had completed six training days in areas such as end of life care, wound management and infection control.

The inspector found that there were strong supervision and oversight arrangements in place, with management functions being carried out by both the person in charge, and the provider nominee Patrick Behan. The assistant director of nursing also participated in the operational management of the designated centre. The inspector spoke with staff and residents, and found that there was a clear reporting mechanism and management structure in place.

The inspector was satisfied that the management arrangements in place ensured that the assessed needs of residents were being met and monitored.

**Judgement:**

Compliant

***Outcome 04: Records and documentation to be kept at a designated centre***

*The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 2009 (as amended).*

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that the records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People ) Regulations 2009 (as amended) were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The inspector found that the designated centre had all of the written operational policies and procedures as outlined by Schedule 5 of the Regulations, and these had been reviewed and updated in March 2014. The inspector also found the documentation in relation to Schedule 3 regarding each resident was in place and securely stored. The general records required in relation to Schedule 4 of the Regulations were also found to be in order. The inspector reviewed documentation, and found that the designated centre was adequately insured against accidents or injury to residents, staff and visitors.

**Judgement:**

Compliant

***Outcome 05: 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:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that there were suitable arrangements in place for the management of the designated centre should the person in charge be absent. The assistant director of Nursing, Evelyn Alcarico deputises in the absence of the person in charge. The inspector was satisfied that the person in charge was aware of her statutory requirement to notify the Authority of any proposed absences.

**Judgement:**

Compliant

***Outcome 06: 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.*

**Theme:**

Safe Care and Support

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

**Findings:**

The inspector was satisfied that there were measures in place to safeguard residents from being harmed or suffering abuse in the designated centre. There was an operational policy in place on the prevention, detection and response to elder abuse, which had been reviewed and updated in March 2014. The inspector spoke with staff members, who had very good knowledge of the reporting procedure, and what to do in the event of an allegation or suspicion. On review of the training records, the inspector found that all staff had received training by an external trainer in this area in 2014, and as per the centre's policy received training on a yearly basis. Through speaking with residents and reviewing resident questionnaires, the inspector found that residents felt safe living in the designated centre.

The inspector was satisfied that there were robust systems in place to safeguard residents' money. A policy entitled residents personal property and possessions had been updated in March 2014, and detailed how the centre protects residents' finances. The inspector found practices in relation to this were robust with an accounts ledger system in place for residents who required support with managing their finances.

**Judgement:**

Compliant

***Outcome 07: 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:**

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

**Findings:**

The inspector was satisfied that the health and safety of residents, visitors and staff was promoted and protected in the designated centre. There was a health and safety statement in place dated February 2014. The inspector found evidence that all equipment in use in the designated centre had been routinely serviced, for example hoists and wheelchairs. Staff had all received training in manual handling within the past three years, as outlined in the centre's own policies.

The action from the previous inspection report in relation to the storage of hoists in a bathroom, had been adequately addressed, and more suitable storage found to reduce the risk of cross infection. Infection control practices observed on the day of inspection were good, with an ample supply of hand sanitisers, gloves and aprons available for staff. Laundry was segregated appropriately should a resident have an infection.

The inspector found that there were adequate precautions in place against the risk of fire. There was documentary evidence to show that quarterly checks had been completed by a relevant professional on the fire alarm detection system and emergency lighting. Fire equipment located in the designated centre had been serviced and checked yearly. There was a clearly documented system of daily inspection checks on the fire exits and alarm panel display. From speaking with staff members, the inspector was satisfied that staff were clear on the procedure to be followed in the event of the alarm sounding, and could clearly outline the evacuation plan. The evacuation plan was on display in numerous locations around the building. All staff had received fire training by an external trainer in 2014, and this was evidence in the training records.

There was a clear log of all accidents, incidents and near misses that had occurred in the designated centre, with all records requiring the signature of the person in charge prior to closing off. Any learning gained from adverse or serious incidents or near misses fed back into the quality improvement meetings as further discussed under outcome 10.

The inspector reviewed the risk management policy dated March 2014, and found it covered the specific requirements of the Regulations, and sufficiently outlined how the designated centre identified and managed risk. There was a clear log available in the designated centre for the inspector's review of all identified clinical risks and their subsequent assessments. Environmental risks were assessed and managed effectively, and detailed within the centre's safety statement. There was a risk register in place, which outlined all individual risks for residents, and how the centre was managing these risks. Individual risk assessments for residents were located on their files. The inspector was satisfied that there was a robust system for identifying and managing risk from both an environmental and clinical perspective in the designated centre.

**Judgement:**

Compliant

***Outcome 08: Medication Management***

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Safe Care and Support

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

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

**Findings:**

The inspector found that residents were protected by the designated centre's policies and procedures for medication management. There was a comprehensive medication management policy and procedure in place which had been updated in March 2014, and the inspector found it to be based on national best practices. The inspector found that documentation in relation to prescriptions and administration of medication was very

clear, and staff nurses could clearly outline their practices in relation to the ordering, prescribing, administration and disposal of medication, which were in line with the centre's policy. There was adequate and secure storage for medication on both floors of the designated centre, with medication requiring refrigeration stored adequately, and monitored daily. The practices in relation to the storage and recording of controlled drugs (MDA's) in the designated centre were robust. The inspector checked the stock with the staff nurse and found them to be correct.

The person in charge and the assistance director of nursing carried out regular medication audits on individual staff, along with an external audit which is carried out by the pharmacist on a monthly basis. The inspector reviewed the documentation and action plans that were generated as result of these audits, and found evidence of positive changes to practice. For example, new labels were now in use to record the date that eye drops had been opened to ensure they were not used beyond the specified time frame.

The action from the previous inspection report had been adequately addressed, with staff nurses only signing off on administration of medication post administration. There was a low rate of medication errors in the designated centre, and the inspector was satisfied that there was clear recording and monitoring of any possible medication errors by the person in charge.

**Judgement:**  
Compliant

***Outcome 09: 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:**  
No actions were required from the previous inspection.

**Findings:**  
The inspector reviewed the accident and incident log for the designated centre and found that any notifiable event, had been appropriately alerted to the Authority in line with the Regulations and set time frames. The inspector noted a low incident rate within the designated centre, with only three incidents notified to the Authority year to date.

**Judgement:**  
Compliant

***Outcome 10: Reviewing and improving the quality and safety of care***

*The quality of care and experience of the residents are monitored and developed on an*

<i>ongoing basis.</i>
<p><b>Theme:</b> Effective Care and Support</p>
<p><b>Outstanding requirement(s) from previous inspection:</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> The inspector was satisfied that there was a robust system in place to review, monitor and continuously improve the quality and safety of care and the quality of life for residents in the designated centre. Since the previous inspection, the provider and person in charge had introduced a new quality management system, which the inspector found to be working sufficiently to create a culture of learning from accidents and incidents, complaints, suggestions and audits.</p> <p>The inspector found that there was a schedule of audits planned out for the year which looked at themes across the Regulations and Standards. There was clear evidence of audits already completed to date, along with actions that were generated from these audits, and who was responsible for ensuring the actions were satisfactorily completed. The inspector reviewed recent audits of falls and restraint usage. Results and actions from each audit fed into the agenda for the monthly quality improvement meetings, which were attended by the provider, person in charge, assistant director of nursing and the staff nurses.</p>
<p><b>Judgement:</b> Compliant</p>

<p><b><i>Outcome 11: Health and Social Care Needs</i></b> <i>Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents 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.</i></p>
<p><b>Theme:</b> Effective Care and Support</p>
<p><b>Outstanding requirement(s) from previous inspection:</b> The action(s) required from the previous inspection were satisfactorily implemented.</p> <p><b>Findings:</b> The inspector was satisfied that residents' well-being and welfare was maintained by a high standard of evidence based nursing care. The inspector found that residents' health</p>

needs were met through timely access to allied health care professionals and treatment. For example, on review of residents' medical notes, the inspector found good access to their General Practitioner (GP) who visited the centre on a weekly basis, Speech and Language therapy (SALT) and palliative care. Residents had access to a physiotherapist and occupational therapist employed by the designated centre, which were available one to two days in the week. A dietician was available, when required through a food supplement company, and there was evidence of residents' access to this in their medical notes.

The inspector reviewed a sample of residents' care plans, and found clear and up to date documentation in place. Residents' had appropriate pre-admission and continuous assessments to capture their individual needs, and care plans drawn up to reflect the care offered to meet these needs. This had been improved upon since the previous inspection. The inspector spoke with both nursing and care staff, and found them to be knowledgeable on individual needs of residents and the contents of their care plans. The person in charge had a summary sheet of the care plan and daily routine of residents inside their wardrobes to be used as a quick reference for staff. The inspector found that care plans were reviewed as residents' needs changed, but no less than a three monthly basis.

The inspector reviewed the use of restraint within the designated centre, and found them to be risk assessed in line with best practice. This had been improved upon since the previous inspection. There was evidence to show that the use of bed rails had been reduced over the past number of months, and each resident in use of a bed rail had this clearly outlined in their care plan. There was evidence of alternatives tried and of hourly checks at night time to ensure residents' safety.

The inspector found that any clinical risk for individual residents had been appropriately assessed and managed. For example risk of malnutrition, and risk of falls. The inspector found that there was a low number of falls within the designated centre, and a system of proactive management was in place. Other specific areas of risk or care had been adequately assessed and managed and evidenced in individual residents care plans. For example, residents who smoked, residents with behaviour that challenged, or residents in use of a catheter. These were clearly outlined in residents' care plans to guide staff in their delivery care.

The inspector was satisfied that residents' social care needs were being met within the designated centre. There were two full time staff dedicated to running activities and meeting the social needs of residents. The inspector found that each resident had opportunities to participate in activities that were meaningful and purposeful to them, and which suited their individual interests and preferences. The inspector spoke with the two activities staff, and reviewed documentation and found that residents' social care needs were assessed and planned on a three monthly basis. The inspector was shown a number of life story books for individual residents which detailed important memories and milestones in their lives. These had been made with residents along with their family members where possible. These life story books were visual and tactile, and assisted residents to reminisce about their past. The inspector reviewed the weekly timetable and spoke with residents, and found there to be a wide variety of activities in place. For example, music, reminisce therapy, art and crafts and gardening.

**Judgement:**  
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. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**  
Effective Care and Support

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

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

**Findings:**

The inspector was satisfied that the location, design and layout of the designated centre was suitable for its stated purpose and met the residents' individual and collective needs in a comfortable and homely way. This designated centre was purpose built in 2006. Overall the inspector found that the premises were decorated and maintained to a very high standard and had suitable heating, lighting and ventilation. On the day of inspection the building and surrounding grounds were clean and well presented. Since the previous inspection some internal works had been carried which had reduced the number of multi-occupancy rooms from 7 to 4, facilitated an additional communal bathroom downstairs, and provided additional storage space for equipment. The creation of a new sensory garden to the outside space was a positive addition and created recreational opportunities for residents. The building was equipped with a functioning call bell system and lift.

There was ample communal spaces available for residents' use throughout the building, the garden was fully accessible, and included a covered seating area so that residents could enjoy the outdoor space even in poor weather. The inspector saw residents enjoying this outdoor space over the two days of inspection.

The inspector reviewed documentation in relation to the maintenance and upkeep of equipment such as hoists, wheelchairs and beds and found them to be regularly serviced.

The designated centre had a separate kitchen with sufficient cooking facilities and equipment. The designated centre had adequate laundry and sluicing facilities in place. Actions from the previous inspection in relation to the provision of adequate permanent screening in bedrooms had been sufficiently addressed.

The inspector noted the improvements to the physical layout of the premises which reduced the number of multi-occupancy bedrooms to four. The inspector was satisfied with the provider's arrangements for the further reduction of multi occupancy rooms in

the designated centre, the provider has planned that the overall registered number of residents accommodated will be reduced from 55 to 51 by July 2015 to ensure compliance with the Standards.

**Judgement:**  
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:**  
No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that the complaints of each resident, his/her family, advocate or representative and visitors were listened to and acted upon. There was an operational complaints policy in place dated March 2014. The inspector spoke with staff and found them knowledgeable on the reporting process for dealing with complaints. On review of the complaints log, the inspector was satisfied that complaints had been acted upon and reviewed as an opportunity for further learning. One complaint reviewed by the inspector had triggered the completion of a corrective action request form which was part of the new quality management system, and brought about a positive change.

The inspector spoke with residents, who expressed that they would go to any of the staff if they had a complaint, and felt they were approachable. Residents also named the person in charge as the person to go to if they wished to make a complaint.

The inspector was satisfied that there was a sufficient process in place guided by the centre's policy, were residents felt they could voice their concerns or complaints, and they would be acted upon and monitored.

**Judgement:**  
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:**

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that residents received care at the end of his/her life which met his/ her physical, emotional, spiritual and social needs and respected residents' dignity and autonomy. The inspector reviewed the policy in relation to end of life care, which had been updated in March 2014 and found it to be satisfactory to guide practice in this area. Staff were familiar with the policy in relation the end of life care. The inspector reviewed a sample of residents' care plans, and found their wishes and preferences for end of life had been discussed and documented. The inspector was satisfied that the care offered at end of life was person centred. For example, one resident had requested that her dog's ashes be buried with her when she passes away, and the person in charge had facilitated this request, and had the dog's ashes stored safely in the designated centre.

On review of documentation and from speaking with the person in charge, the inspector was satisfied that there was good access to specialist palliative care services were required or appropriate.

The designated centre did not have the option to offer residents use of a single room towards end of life. The centre currently has 11 single rooms, 16 double and 4 multi-occupancy rooms. The person in charge explained that if there is a vacant single room available when a resident is end of life, then it is offered to the resident for use.

The inspector was satisfied that respect was shown for the remains of deceased residents, and arrangements in relation to their removal occurred in consultation with families where necessary, with residents' wishes previously documented in their care plans. The designated centre had a prayer room available, where residents were offered the option of a traditional wake in the designated centre if they so wished. The inspector noted that most residents chose this option. The inspector spoke with residents, who expressed satisfaction with the manner in which deceased residents were respected, and said that they had the opportunity to attend services within the centre for their peers who has passed away.

**Judgement:**

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:**

No actions were required from the previous inspection.

**Findings:**

The inspector found that residents' individual nutritional and dietary needs were identified and met within the designated centre. There was a policy in place dated March 2014 in relation to the monitoring and documenting of nutritional intake. On review of a sample of residents' care plans, the inspector was satisfied that this policy was implemented in practice, with evidence of monthly malnutrition assessments carried out, monthly weight recording, and nutritional care plans in place to guide staff on the support necessary for particular nutritional needs.

The inspector found that there was access to fresh drinking water at all times. The inspector spoke with a selection of residents, who all expressed satisfaction with the quality and quantity of food available in the designated centre, and the experience offered in the formal dining room. The inspector found that there was a menu on display for residents, along with large photographs on each table of the two choices of the main meal to assist residents with their choice. The dining room was formally laid out each day, with beautiful crockery and table décor for residents. The person in charge had recently replaced one of the tables with a higher level table to assist residents in wheelchairs to dine in comfort. Residents who required support at meal times, were observed to be supported in a discreet and respectful way on the day of inspection.

The inspector found that the chef had clear knowledge on the dietary needs of residents including their requirements for modified diets where required. Information on residents' individual needs was available in the kitchen, updated regularly, and the inspector found it to be in line with the information outlined in the residents' care plans. Residents who required modified consistencies, had the same choice as other residents, and had these presented in appetising and appropriate ways. The chef was knowledgeable on the use of fortification for certain residents who were at risk of malnutrition.

**Judgement:**

Compliant

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

*Residents are consulted with and participate in the organisation of the centre. Each residents 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.*

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that residents were consulted with and participated in the

organisation of the centre, and that each residents' privacy and dignity was respected.

The inspector found that there was a system of consultation with residents where their feedback is sought and informs practice. The inspector reviewed minutes of the residents' forum meetings and found that they were held on a monthly basis. Suggestions and comments raised by residents at these meetings were included for discussion at quality improvement meetings which were held as outlined under outcome 10.

The inspector spoke with a number of residents, and reviewed questionnaires, and found that residents felt that they had choice and control over their daily routines. Over the two days of inspection, the inspector found that residents were supported and treated in a respectful manner, with positive interactions observed between staff and residents. There were arrangements in place for residents to receive visitors in private, with a number of smaller communal rooms available for families use. The inspector found that residents had access to radio, television, newspapers and information on current affairs and local events.

Overall, the inspector was satisfied that residents' rights and dignity were respected, and they were appropriately consulted with in regards to the organisation of the designated centre.

**Judgement:**  
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:**  
No actions were required from the previous inspection.

**Findings:**  
The inspector was satisfied that there were robust systems in place to safeguard residents' clothing, personal property and possessions. There was a relevant policy in place had been updated in March 2014, which detailed how the centre protects residents' money and belongings. The inspector found practices in relation to this were robust, with clear inventory lists in residents' files which were updated as required, and a checking system for resident accounts who required support with managing their finances.

Residents' clothing was labelled upon admission to ensure safe return following laundering. The inspector spoke with residents who said their clothing was well cared

for, and always returned to them safely. On review of the complaints log in the designated centre, there was no pattern of complaint in this regard.

Residents were provided with lockable storage in their bedrooms for personal items, and were encouraged not to keep large amounts of valuables or money.

**Judgement:**  
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.*

**Theme:**  
Workforce

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that the number and skill mix of staff in the designated centre was adequate to meet the assessed needs of residents. The inspector reviewed the planned and actual roster and found them to be consistent, with two nurses on duty at all times, along with the nurse in charge and the assistant director of nursing.

The inspector reviewed staff files and staff training records, and found the information required in relation to staff was all present and in line with the requirements of Schedule 2 of the Regulations. The training records indicated that staff had received up to date training in the mandatory fields in line with the centre's own policies.

The inspector reviewed records in relation to volunteers, and found that volunteers were vetted and supervised appropriate to their role and level of involvement in the designated centre.

The person in charge and provider had adequate supervision and appraisal systems in place for staff. The inspector reviewed documentation in relation to this on each staff's file.

There was a policy in place in relation to the recruitment, selection and vetting of staff which was implemented in practice, and was in line with best recruitment practices.

**Judgement:**  
Compliant

---

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

### **Acknowledgements**

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

### ***Report Compiled by:***

Louise Renwick  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority