

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Donore Nursing Home
Centre ID:	OSV-0000032
Centre address:	Sidmonton Road, Bray, Wicklow.
Telephone number:	01 286 7348
Email address:	donore_91@yahoo.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Brecon (Care) Limited
Provider Nominee:	John Percival Griffin
Lead inspector:	Siobhan Kennedy
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	22
Number of vacancies on the date of inspection:	4

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 Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
05 September 2016 12:00	05 September 2016 18:30
06 September 2016 09:00	06 September 2016 17:00

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Substantially Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Non Compliant - Moderate
Outcome 04: Suitable Person in Charge	Compliant
Outcome 06: Absence of the Person in charge	Substantially Compliant
Outcome 07: Safeguarding and Safety	Non Compliant - Major
Outcome 08: Health and Safety and Risk Management	Non Compliant - Major
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Non Compliant - Major
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

The purpose of the inspection was to ascertain the progress in relation to the matters arising from the previous renewal of registration inspection carried out on the 30 September 2014. These matters related to the contracts of care, health and safety, health and social care needs and safe and suitable premises. In particular, to assess the progress in relation to the condition applied to the renewal of registration which stated "the physical environment in the designated centre must be reconfigured as outlined in the plans submitted to the Chief Inspector on the 15 October 2014. The reconfiguration must be complete by the 1 December 2015". The centre is registered to accommodate 26 residents.

The inspector met with residents, relatives, and staff members, observed practices and reviewed records as required by the legislation.

In respect of the matters arising from the last inspection it was noted that all staff

had been trained in fire safety and prevention with the exception of a new member of staff who commenced employment in March 2016 and residents had access to the appropriate Allied healthcare professionals as required. However, matters outstanding relate to the following:

- Contracts of care were not up-to-date with regard to the fees charged.
- The social care needs of individual residents had not been assessed and therefore opportunities for meaningful social engagement were not evident during the inspection.
- The reconfiguration of the centre to address the deficits in relation to the environment had not been completed. The provider informed the inspector that there were objections to the planning permission which the architect was addressing and in the meantime, the Health Information and Quality Authority (the Authority) has extended the deadline for providers to become compliant in this area.

Residents had good access to the general practitioner (GP) and in a discussion with the inspector was satisfied that staff implemented recommendations highlighted. There was a comprehensive support structure in place provided by the community psychiatric team.

Each resident had an individual care plan which highlighted residents' assessed needs and identified a treatment plan. However, the documented reviewed notes in respect of the objectives of care outlined in the some residents' individual care plans did not bring about improved outcomes for residents, especially in the area of responsive behaviours and the assessments showed that the majority of residents displayed behaviours that were challenging. Furthermore, all staff did not have up-to-date skills and knowledge appropriate to their role to assist residents to respond/manage behaviours that were challenging and therefore all measures were not in place to protect residents.

The administration of medicines was satisfactory.

Relatives who communicated with the inspector were positive and complimentary of the care provided to the residents and in particular, they highlighted the support received.

An examination of the staff rosters, communication with staff on duty and residents and relatives showed that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of residents.

There was evidence of good measures taken to ensure that the health and safety of residents, staff and visitors and a risk management policy and procedure was implemented, however, risks were identified during the inspection which had not been assessed and measures taken to minimise and/or control the risks.

Areas of non-compliance with the Health 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 are set out in the action plan of this report to be addressed by the provider and the person in charge.

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

Outcome 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 statement of purpose had been reviewed since the last inspection and it detailed the aims, objectives and ethos of the centre, outlined the facilities and services provided for residents and contained information in relation to the matters listed in schedule 1 of the Regulations with the exception of not providing the Authority with the details of the person who will deputise in the absence of the person in charge and the date for the reconfiguration of the centre was not as per the details outlined on the registration certificate.

The provider was aware of the need to keep the document under review and notify the Chief Inspector in writing before changes could be made which would affect the purpose and function of the centre.

Judgment:

Substantially 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:

There were sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose, for example sufficient staff were on duty to meet the needs of residents.

The inspector found that there was a clearly defined management structure that identifies the lines of authority and accountability, specified roles and details responsibilities for the areas of care provision. This was outlined in the statement of purpose, and staff were familiar with their duty to report to line management.

The person in charge had systems in place to capture statistical information in order to compile an annual review of the quality and safety of care delivered to residents. For example audits were carried out and analysed in relation to accidents, complaints, medication management and skin care.

Interviews of relatives during the inspection were positive in respect of the provision of the facilities and services and care provided. Some comments were as follows: –
"This place has just changed the resident's life – given back life".
"Staff are good at encouraging the residents".
"There is good communication with family members".

The inspector saw that there are was evidence of consultation with residents and their representatives in a range of areas, for example, the assessed needs of residents, the care planning and review process, and residents' meetings.

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The matter arising from the previous inspection related to the contracts which did not identify the fees charged for additional services. The inspector examined the contracts of 2 residents and found that this matter had not been satisfactorily actioned. The provider and person in charge informed the inspector that all of the contracts omitted this information and therefore all of the residents' contracts of care had to be reviewed.

The inspector was given a copy of the resident's guide which was reviewed on the 7 July 2016. This guide was available to all of the residents. It provided information on the facilities and services available to residents.

Judgment:
Non Compliant - Moderate

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, a registered general nurse has been in this position since 2003 and works on a full-time basis.

She has participated in ongoing professional development and completed a Further Education and Training Awards Council (FETAC) Level 6 course in leadership and management and completed a FETAC Level 5 course in human resources. In addition she has attended study days covering topics such as behaviour that is challenging.

During the inspection she demonstrated ongoing commitment to improving outcomes for residents and there was evidence of quality improvement initiative in place for example audits of the service provision.

The provider and person in charge facilitated the inspection process and demonstrated that they had a good knowledge of residents' conditions and care needs.

The person in charge was supported in her role by a senior nurse who deputises in her absence, however, information in respect of this person had not been forwarded to the Authority. See outcome 6 for action plan.

Judgment:
Compliant

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

Information in respect of the person who deputises in the absence of the person in charge had not been submitted to the Authority.

Judgment:

Substantially 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:

In the main, measures were in place to protect residents from being harmed or suffering abuse. There was a policy which provided guidance for staff to manage incidents of elder abuse. This included information on the various types of abuse, assessment, reporting and investigation of incidences. The person in charge demonstrated her knowledge of the designated centre's policy and was aware of the necessary referrals to external agencies.

However, the training records identified that some staff had not participated in training in the protection of residents from abuse.

The inspector saw that a number of measures have been taken to ensure that residents felt safe while at the same time had opportunities for maintaining independence and fulfilment. For example there was a keypad lock on the main entrance of the centre but internally all other communal areas were accessible to residents. The majority of residents were independent and mobile and hand and grab rails were available to aid mobility.

During interviews with the inspector relatives confirmed that they were satisfied that residents were protected from harm and were safe in the designated centre.

The inspector saw that there was a policy and procedure in place for managing behaviour that is challenging (responsive behaviours). The majority of the residents displayed responsive behaviours. During discussions with the inspector the person in charge showed that she could respond to and manage behaviour that is challenging, however, all staff had not participated in relevant training.

In general, an examination of a sample of residents' care plans devised in relation to response behaviour were found to be comprehensive and effective bringing about good outcomes for residents. For example staff chartered a resident's behaviour which was reviewed by a member of the psychiatric team and a plan devised and implemented which improved the condition of the resident. However, there was no evidence in some residents' care reviews that treatment plans implemented brought about an improvement in residents' behaviours and no evidence of trialling alternatives. See outcome 11 for action plan.

In the main, a restraint free environment was provided and residents were assessed by a multidisciplinary team for the use of bedrails. Currently 3 residents have bedrails in place for their safety. The bedrails are checked by staff and a record is maintained. There was evidence of resident and relative involvement in the review process. However, some measures were introduced which were restrictive for other residents, for example, some residents wardrobes were locked because other residents went into their bedrooms uninvited and a resident being accommodated in a twin room was unable to personalise the space due to the responsive behaviours of another resident.

The person in charge informed the inspector that there was a policy and procedure regarding the management of residents' finances. The inspector saw that there was a system for managing some residents' monies and records were maintained. The provider had set up an account to manage the majority of the residents' finances and only one resident independently managed personal finances. The inspector informed the provider that in line with person centred care, individual resident's accounts should be set up. See outcome 16 for action plan. The inspector was informed that an accountancy firm audits the financial systems setup in the centre on a yearly basis.

Judgment:
Non Compliant - Major

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

Findings:

The matter arising from the previous inspection related to staff training in fire safety. The inspector was informed that all staff had participated in fire drills on the 15 April and 12 October 2015 and 13 January and 12 July 2016. Staff who communicated with the inspector in relation to fire safety were aware of the evacuation procedures. Following the inspection an analysis of the training records provided to the inspector highlighted that all staff, with the exception of one staff member had participated in fire safety training on the 13 January 2016.

In the main, the inspector found that procedures were in place to promote the health and safety of residents, staff and visitors; however, some issues were identified.

From a review of the risk management documentation held in the centre, the inspector found that the centre had relevant policies in place relating to risk management. There was a risk register which identified the risks and put controls in place either to minimise or fully control the risk. However, the inspector noted that the lead of a resident's emergency alarm bell was missing and a photograph available in a missing person profile was not current/up-to-date.

Residents' moving and handling assessments were assessed and instructions for assisting residents were included in the care planning documentation. An examination of the training records provided to the inspector identified that the majority of staff, had participated in moving and handling training on the 19 February 2016. Some staff received training on 14 April 2016 and others on the 24 January 2015. However, there was no date of training for 4 staff members.

Systems were in place for the recording and learning from accidents, incidents and near misses. Records of all accidents were maintained and reviewed by the person in charge in order to identify any further interventions to prevent reoccurrence.

There was an up to date health and safety statement and related policies and procedures.

The inspector reviewed the emergency plan and found it to be sufficient to guide staff and management in their roles and duties in the event of an emergency evacuation.

Certification and inspection documents in relation to fire safety were available for example fire fighting equipment and emergency lighting.

Emergency exits and a fire assembly point were indicated, however, a final fire exit in the dining room was obstructed by the hanging of 5 interwoven metal meshes.

An external smoking area had been provided, however, the door leading to an internal corridor had been kept open. The inspector observed that smoking aprons and fire fighting equipment were provided in this area. A risk assessment had been carried out on those residents who smoke to determine supervision/safety requirements required.

There was evidence of infection control precautions being taken in the centre, for example, staff had participated in training on the 8 March 2016 and there was good

hand hygiene practices. However, the inspector noted that clean/new continence products were stored on trolleys in two residents' bedrooms, some commode chairs were rusted and the lobby was not clean.

Judgment:
Non Compliant - Major

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 was satisfied that residents were protected by the designated centre's policies and procedures for medication management.

The inspector was informed by a staff nurse administering medicines to residents that the medication policy and procedures were useful guides in the management of residents' medication. They included information on the prescribing, administering, recording, safekeeping and disposal of unused or out of date medicines.

Prior to administering medicines to residents the inspector observed the staff nurse consulting with residents, seeking approval from residents for the inspector to accompany the staff nurse while administering medicines and performing good hand hygiene.

Medicines were contained in a blister pack prepared by the pharmacist. Prescription and administration sheets were available. The inspector saw that the administration sheet contained the necessary information for example the medication identified on the prescription sheet, a space to record comments and the signature of the staff nurse corresponded to the signature sheet.

There was documentary evidence of the general practitioner having reviewed residents' medicines on a regular basis and this was confirmed by the general practitioner in a discussion with the inspector. The inspector was informed and saw that an audit of the system had been carried out in order to highlight and subsequently control any risks which may be identified by staff operating it.

The system for storing controlled drugs was seen to be secure. Controlled drugs were stored safely in a double locked cupboard and stock levels were recorded at the beginning/end of each shift in a register in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1982. The inspector examined medicines available and this

corresponded to the register.

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 matter arising from the previous inspection related to residents not receiving an appropriate Allied health care. The inspector examined a sample of residents' care plans and communicated with residents and relatives and found that there was evidence that the Allied health professionals were involved in residents' care. In discussions with the inspector the general practitioner confirmed that referrals had been made to the psychiatric services, dietician, speech and language, physio and occupational therapists.

From an examination of a sample of residents' care plans, discussions with residents, relatives, staff and the residents' general practitioner, in the main, the inspector was satisfied that the nursing and medical care needs of residents were assessed and appropriate interventions/treatment plans implemented. However, improvements were required regarding the assessment and review process.

Each resident's assessed needs were set out in an individual care plan. There was information which detailed residents' risk assessments such as dependency, moving and handling, falls, use of bed rails, nutrition and continence. However, one assessment highlighted the need "to reduce the predisposing factors for verbal outbreaks" but there were no details to guide staff. An assessment carried out on 16 August 2013 in respect of one resident identified the needs and when these needs were reassessed on subsequent occasions including the 21 September 2015 there was no evidence that the interventions were having an impact to address the needs.

A dietetic nutritional assessment carried out on the 19 September 2014 and evaluated on 21 September 2015 stated that the plan should be continued, however, there was no evidence that the plan was addressing the assessed need.

There was evidence that the plan was drawn up with resident involvement or the resident's next of kin. This was further confirmed during interviews with relatives.

There were arrangements in place to manage and monitor wounds, however, there were no residents with pressure ulcers at the time the inspection. A staff nurse described the protocols in place regarding wound prevention and treatment and confirmed that a specific person centred care plan would be compiled and wound assessment and repositioning charts would be in place to monitor whether the wound was progressing or otherwise. The inspector was informed that the centre had access to a tissue viability nurse to provide up to date guidance and support to the nursing team. Aids such as pressure relieving mattresses and specialist cushions were in place for those residents at risk of developing pressure ulcers.

Judgment:

Non Compliant - Moderate

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The matters arising from the previous inspection related to multi-occupied bedrooms not affording residents' privacy and dignity, parts of the premises not accessible to residents and toilet and bathroom facilities not situated in close proximity to residents' bedrooms.

In response to the action plan the provider informed the Authority that consultation had taken place with an architect and plans (subsequently submitted to the Authority) were in place to meet the requirements of the regulations and standards. Based on this the designated centre was registered with the Authority on the condition that the physical environment was reconfigured as outlined in the plans submitted to the Authority on 15 October 2014 and that the reconfiguration must be completed by December 2015.

Correspondence between the architect on behalf of the provider and the Authority highlighted the delays in addressing the deficits in the premises and to date this matter has not yet been resolved. The provider informed the inspector that there were objections to the planning permission which the architect is currently addressing. The Authority has extended the deadline for providers to become compliant in respect of the premises.

The inspector found that some aspects of the physical environment did not meet the needs of the residents and the requirements of the legislation and Authority's Standards.

Bedroom accommodation consists of 5 single bedrooms, 4 twin bedrooms, 3 bedrooms with 3 beds and one bedroom with 4 beds. The multi-occupied bedrooms did not afford residents adequate personal space. Access to some of the single bedrooms is via the communal living room. At the time of the inspection 2 residents were being accommodated in a designated single bedroom and the design and layout of the room was unsuitable as it provided insufficient space for both residents.

Shared bedrooms had stand-alone up right screens available which staff used when providing residents with personal care.

None of the bedrooms have en suite facilities and in some instances the toilet and bathing facilities are not located on the same floor as the bedrooms. A stair lift is provided to the first floor, however, a toilet and bathing facilities for the first floor, are located on the first floor return, and accessible by two steps and therefore would not afford independence and autonomy to residents with restricted mobility.

Two single bedrooms are accessible by means of the same two steps. While there are a sufficient number of toilets and bathing facilities the only wheel chair accessible toilet and shower facility (located on the ground floor in close proximity to the quiet room) is not conveniently located to residents' bedrooms.

The provider had consulted an engineer and plans had been drawn up to address the above matters by providing additional single bedrooms and installing a full passenger lift, however, as referenced above the plans have not yet received planning permission.

It was noted that the proposed new bedrooms were not en suite and provision was not made for toilet facilities on all floors where bedrooms are located.

Communal facilities include a dining and sitting room with a quiet room which opens out onto the garden area, treatment/clinical room, salon room, office and external smoking area covered with a canopy and external storage units. Although the main communal sitting room receives natural light from the adjoining quiet room and 2 skylights there are no external windows to see out of the room from a sitting or standing position.

The premises were safe and secure, with a contained garden and an electronic external door lock that did not overly restrict residents' movement. Garden furniture was available and a number of residents stated that they enjoyed sitting in this area. The garden area was attractively laid out and well maintained.

Close-circuit television (CCTV) was installed since the last inspection. Camera devices were placed in various parts of the designated centre including the communal sitting and dining rooms and the designated external smoking area. Notices of their installation were not advertised in the centre.

Appropriate assistive equipment was provided to meets residents' needs such as grab

and hand in the hallway, a hoist, specialised seating and beds and pressure relieving mattresses. However, there was inadequate storage space and a hoist used by 3 residents was stored in a walk-in cupboard in a bedroom accommodating two residents. In addition, a trolley for evacuating residents in the event of an emergency was also stored in this walk-in cupboard. A monitor for a pressure relieving mattress was not fully working at the time of the inspection. The person in charge contacted the service company when this was highlighted.

Records were available to show that the chair lift was regularly serviced. Appropriate arrangements were in place for the disposal of clinical waste and a separate, locked clinical waste bin was provided.

A sluice room was available and this room contained a bed pan washer, sluice sink and wash hand basin. A separate cleaning room with wash hand basin and sluice sink was also available. Cleaning equipment was appropriately stored. The laundry area was not very spacious, however, there was a contract for the laundry of linens.

In addition, to the structural deficits outlined above the inspector identified the following matters to be addressed:

- Aspects of the communal facilities and some residents' bedrooms required redecoration.
- The office space was congested and it was difficult for staff to operate in this limited space.
- In the shower room the flooring was split and coming away from the wall.
- Flooring in a toilet facility (number 14) was cracked.

Judgment:

Non Compliant - Major

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The matter arising from the previous inspection which related to insufficient arrangements being available to meet the individual social needs of residents was not actioned.

Since the last inspection a new activities coordinator has been employed and was working during the period of the inspection. There were some group and individual activities, however, each resident had not been assessed and provided with opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The inspector observed a planned karaoke session but initially this activity was hindered as staff could not get the karaoke machine to work. With a substitute providing music and songs some residents participated fully dancing with staff and singing along. Out of a group of 11 residents, 7 residents were not engaged. As one resident sang a song another resident was vociferous about interrupting in order to bring the singing to an end. Only one resident participated fully in an activity involving proverbs. Other low-key individual activities included watching television, reading the local newspaper, magazines or books and colouring with crayons but overall, there was a lack of interesting things for residents to do for long periods during the inspection. The activities took place in the main communal sitting room and the only alternative for residents who did not wish to participate in the activity was to leave.

A resident informed the inspector that he had just returned from 1 week holiday. The inspector also heard that residents did go on outing with the previous activity coordinator.

Residents' religious and spiritual beliefs were respected and supported. Residents had access to news papers and televisions were provided in each bedroom.

There was evidence that residents were consulted about how the centre is planned and organised. A resident confirmed that their visitors were made to feel welcome at any time. An independent advocate visits the centre regularly and members of the psychiatric team also advocate on behalf of the residents as part of their role.

Many residents were able to make choices about how they lived their lives in a way that reflected their individual preferences for example, times of getting up in the morning and going to bed in the evening. Residents were dressed according to their individual choice. The inspector observed staff interacting with residents in a courteous manner and addressing them by their preferred name.

The person in charge ensured that residents were registered to vote and had made arrangements for residents to vote in the previous local and national elections.

Judgment:

Non Compliant - Moderate

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:

From an examination of the staff duty rota, communication with residents and staff the inspector found that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of residents.

The inspector reviewed a sample of personnel files and found them to contain all documentation required by Schedule 2 of the regulations. The registration status of nurses working in the centre was up to date.

The inspector found staffing levels and skill mix of staff to be sufficient to meet the needs of the residents in the centre. There were appropriate numbers of healthcare assistants and nurses on shift and the planned and actual staff rosters clearly identified staff by name, role, area of duty and shift times.

All staff were not up to date on their mandatory training, for example, fire safety (1 staff member who commenced employment in March 2016), moving and handling, challenging behaviour and protection of residents from abuse. The majority of staff had received training in dementia care and cardio pulmonary resuscitation (CPR).

Staff who communicated with the inspector demonstrated that they had a good knowledge of the residents in the centre.

Residents and representatives were full of praise for the staff team and spoke highly of their friendliness and ability to deliver care.

The inspector observed staff on the floor being patient and friendly towards residents, and being respectful towards their privacy and dignity for example knocking on residents' bedroom doors and waiting for permission to enter.

There is a suitable recruitment policy and the inspector was satisfied with the arrangements for supervision and development of staff which included induction, probationary period and an annual appraisal system.

There was only one volunteer attending the centre and this person had been vetted. The person in charge was aware of the legislation in relation to having volunteers in the centre for example vetting, supervising and establishing the level of their involvement in the centre.

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:

Siobhan Kennedy
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 report¹

Centre name:	Donore Nursing Home
Centre ID:	OSV-0000032
Date of inspection:	05/09/2016
Date of response:	09/11/2016

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 01: Statement of Purpose

Theme:

Governance, Leadership and Management

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

The Authority had not been informed of the details of the person who will deputise in the absence of the person in charge and the date for the reconfiguration of the centre was not as per the details outlined on the registration certificate.

1. Action Required:

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing

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

the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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

Statement of purpose will be updated and contain all the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Proposed Timescale: 31 October 2016/ Completed: 09 NOVEMBER 2016

Proposed Timescale: 09/11/2016

Outcome 03: Information for residents

Theme:

Governance, Leadership and Management

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

The contracts of care did not identify the fees charged for additional services.

2. Action Required:

Under Regulation 24(2)(b) you are required to: Ensure the agreement referred to in regulation 24 (1) relates to the care and welfare of the resident in the designated centre and includes details of the fees, if any, to be charged for such services.

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

All contracts have been updated to include the fees charged for additional services.

Proposed Timescale: 14 October 2016 (completed)

Proposed Timescale: 14/10/2016

Outcome 06: Absence of the Person in charge

Theme:

Governance, Leadership and Management

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

Information in respect of the person who deputises in the absence of the person in charge had not been submitted to the Authority.

3. Action Required:

Under Regulation 33(1) you are required to: Give notice in writing to the Chief Inspector of the procedures and arrangements that will be in place for the management

of the designated centre during the absence of the person in charge, setting out the matters contained in Regulation 33(2).

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

Information in respect of the person who deputises in the absence of the person in charge is to be submitted to the Authority on.

Proposed Timescale: 28 October 2016 (Completed)

Proposed Timescale: 28/10/2016

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Some behaviours that were challenging were not managed and responded to in a manner that was not restrictive for example, some residents wardrobes were locked because other residents went into their bedrooms uninvited and a resident being accommodated in a twin room was unable to personalise the space due to the responsive behaviours of another resident.

4. Action Required:

Under Regulation 07(2) you are required to: Manage and respond to behaviour that is challenging or poses a risk to the resident concerned or to other persons, in so far as possible, in a manner that is not restrictive.

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

Due to the complex behaviour of some residents, wardrobes are locked in order to safeguard resident's property and finances. A Psychiatric Consultant and a Registrar have visited the Nursing Home to help resolve this matter.

Proposed Timescale: 12 November 2016 (completed)

Proposed Timescale: 12/11/2016

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

All staff did not have training in responsive behaviours relevant to their role and responsibility.

5. Action Required:

Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

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

All staff will have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging. Training date is scheduled for.

Proposed Timescale: 18 November 2016 for completion of training

Proposed Timescale: 18/11/2016

Theme:

Safe care and support

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

All staff had not participated in training in the protection of residents from abuse.

6. Action Required:

Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

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

All staff have been trained in the detection, prevention and responses to abuse.

Proposed Timescale: 23 September 2016 (Completed)

Proposed Timescale: 23/09/2016

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

The following risks had not been identified:

- The lead of a resident's emergency alarm bell was missing.
- There was no date of training for 4 staff members in moving and handling training.
- A photograph available in a missing person's profile was not current/up-to-date.

7. Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

The lead of a resident's emergency alarm bell was missing.

-There was no date of training for 4 staff members in moving and handling training.

-A photograph available in a missing person's profile was not current/up-to-date.

The resident's emergency alarm bell has been replaced.

Training for 4 staff members in moving and handling training had been scheduled.

Photographs available in Missing Person Profile has been updated.

Proposed Timescale: (19 October 2016) completed

Proposed Timescale: 19/10/2016

Theme:

Safe care and support

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

Clean/new continence products were stored on trolleys in two residents' bedrooms, some commode chairs were rusted and the lobby was not clean.

8. Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

Continence products are now stored out of sight of the residents.

4 Commodes have been replaced.

Redecoration of the Lobby has been completed.

Proposed Timescale: Completed (14 October 2016)

Proposed Timescale: 14/10/2016

Theme:

Safe care and support

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

A final fire exit in the dining room was obstructed by the hanging of 5 interwoven metal meshes.

9. Action Required:

Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre

and safe placement of residents.

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

In addition to the regularly scheduled Fire Prevention checks, all members of staff are encouraged to log any defects identified throughout the building as they carry out their routine work. All fire exits are checked regularly to ensure they are free from obstruction.

The fire officer has confirmed that there is no issue with the fly meshes on the exit door concerned.

Proposed Timescale: (Completed) 08 November 2016

Proposed Timescale: 08/11/2016

Theme:

Safe care and support

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

Adequate fire precautions were not taken as the door between the external smoking area and an internal corridor had been kept open.

10. Action Required:

Under Regulation 28(1)(a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.

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

The door referred to has been fitted with a door closer.

Arrangements for fire precautions are reviewed for adequacy. Any adverse event concerning fire precautions will be raised at the QIM following the initiation of a Corrective Action Request. (CAR).

Inspection of Escape Routes and other key aspects of fire prevention are included on the following Check Lists: Daily Fire Prevention Checklist Chart 50, Weekly Fire Prevention Check List Chart 46 Monthly Fire Prevent Checklist Chart 57.

Proposed Timescale: 07 SEPTEMBER 2016 (Completed)

Proposed Timescale: 07/09/2016

Theme:

Safe care and support

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

One staff member had not participated in fire safety training on the 13 January 2016.

11. Action Required:

Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

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

All of the staff have had an up-to-date training in fire safety.

Proposed Timescale: 19 October 2016 (Completed)

Proposed Timescale: 19/10/2016

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

In some instances, there was insufficient information regarding interventions/treatment plans to guide staff.

The documentation associated with the review process did not clarify if the interventions/treatments brought about an improvement in residents' conditions, particularly in respect of responsive behaviours

12. Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

The QMS provides for the collection of information on the Collection of Clinical Data Chart 95. This provides staff with a record of instances of behaviour that has challenged during the previous week. It is identified by each resident.

Where trends have been identified, the matter is discussed and analysed at the Quality Improvement Meeting (QIM)

Proposed Timescale: 09 September 2016 (completed)

Proposed Timescale: 09/09/2016

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 condition of the registration certificate that the physical environment was reconfigured to meet the needs of residents had not been addressed within the timeframe agreed with the Authority.

Planning permission has not yet been granted for the plans which had been drawn up and which relate only to providing additional single bedrooms and installing a full passenger lift. The plans do not address all of the deficits. Some of which are as follows:

- Two residents were being accommodated in a designated in a bedroom which was not of a suitable size and layout for the needs of the residents.
- Multi-occupied bedrooms did not afford residents adequate personal space.
- Access to some of the single bedrooms is via the communal living room.
- None of the bedrooms have en suite facilities and in some instances the toilet and bathing facilities are not located on the same floor as the bedrooms.
- A toilet and bathing facilities for the first floor, are located on the first floor return, and accessible by two steps and therefore did not afford independence and autonomy to residents with restricted mobility.
- The only wheel chair accessible toilet and shower facility (located on the ground floor in close proximity to the quiet room) is not conveniently located to residents' bedrooms.
- The proposed new bedrooms were not en suite and provision was not made for toilet facilities on all floors where bedrooms are located.
- The main communal sitting room is an internal room with no windows from which residents can see out from a standing or seated position.
- Notices of the installation of close -circuit television (CCTV) was not available In the Centre.
- There was inadequate storage space and a hoist used by 3 residents was stored in a walk-in cupboard in a bedroom accommodating two residents.
- Residents are maintained on 2 floors and there is no lift.
- A trolley for evacuating residents in the event of an emergency was stored in a walk-in cupboard in a bedroom accommodating to residents.
- A monitor for a pressure relieving mattress was not fully working at the time of the inspection.
- Aspects of the communal facilities and some residents' bedrooms required redecoration.
- The office space was congested and it was difficult for staff to operate in this limited space.
- In the shower room the flooring was split and coming away from the wall.
- Flooring in a toilet facility (number 14) was cracked.

13. 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 designated centre.

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

- Regarding Room 9 we are going to refer to the fire officer. The Architect is contacting the County Fire Officer.
- Regarding the multi occupancy bedrooms, the Architect will audit the occupancy versus space requirements for all the rooms and the building access to bedrooms by communal areas.
- The Architect proposes to design for HIQA a review to rearrange rear ground floor areas.
- Some bedrooms without en suites to be reviewed as part of the Architect's Audit.
- Level access to floors minimize restriction to access of assisted toilet/shower by raising the level of the top landing.
- In the new configuration, the wheelchair accessible toilet/shower maybe moved as part.
- The Architect is reviewing to reorganize the communal areas.
- CCTV notices have been installed.
- As part of the configuration, storage areas will be looked at.
- As part of the new configuration, the Architect is reviewing the office lay out.

All of the above points are included in the new proposal to be produced by the Architect for a HIQA review.

Proposed Timescale:

Please see the copy letter regarding 14021 Updated Proposals.

18-11-2016- Complete Audit.

25-11-2016-Provide revised proposals

02-12-2016- Present to HIQA for approval in principal

Proposed Timescale: 02/12/2016

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

Opportunities for each resident to participate in activities in accordance with their interests and capacities was not provided.

14. Action Required:

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

We are conducting an ongoing review and evaluation of residents' interest and capacities for wholesome participation both for the indoor and outdoor activities of the Nursing Home.

Proposed Timescale: 08 November 2016 (completed)

Proposed Timescale: 08/11/2016

Theme:

Person-centred care and support

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

All residents were not able to exercise choice as some residents' wardrobes were locked because other residents went into bedrooms uninvited and a resident being accommodated in a twin room was unable to personalise the space due to the responsive behaviours of another resident.

15. Action Required:

Under Regulation 09(3)(a) you are required to: Ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.

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

Due to the complex behaviour of some residents, wardrobes are locked to safeguard residents' property and finances.

The GP has contacted the local Mental Health Service to help resolve these issues.

An initial Assessment and Evaluation was conducted by the local Mental Health team.

Proposed Timescale: 17 October 2016 (completed)

Proposed Timescale: 17/10/2016