

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Douglas Nursing and Retirement Home
<b>Centre ID:</b>	OSV-0000223
<b>Centre address:</b>	Moneygourney, Douglas, Cork.
<b>Telephone number:</b>	021 436 4264
<b>Email address:</b>	janet@douglasnursinghome.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Golden Nursing Homes Limited
<b>Provider Nominee:</b>	Janet Woodward
<b>Lead inspector:</b>	Mairead Harrington
<b>Support inspector(s):</b>	Maria Scally
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	37
<b>Number of vacancies on the date of inspection:</b>	0

## About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was 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:
26 October 2016 09:15	26 October 2016 17:30
27 October 2016 08:45	27 October 2016 16:45

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Substantially Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Substantially Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Substantially Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

This was an announced inspection following an application by Douglas Nursing and Retirement Home for renewal of registration. Documentation in relation to this application had been submitted in keeping with statutory requirements. As part of the inspection the inspectors met with residents, management, nurses, relatives and numerous staff members. The inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and

procedures and staff files.

Previous inspection findings were positive and where regulatory non-compliance had been identified the provider demonstrated a willingness, commitment and capacity to implement the required improvements. The last inspection was undertaken on 31 May 2016 and the report, including the provider's response and action plan, can be found on [www.hiqa.ie](http://www.hiqa.ie).

The findings of the inspection are set out under 18 outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People. The inspectors were satisfied that residents had access to the services of a general practitioner (GP) and other healthcare professionals on a regular basis. There was a variety of choice for residents in their day-to-day living with personal preferences accommodated as requested. The safety of residents and staff within the centre was seen to be actively promoted and a centre-specific risk management policy was in place. Overall, the centre was well managed and systems were in place to ensure ongoing compliance with the conditions of registration granted. Areas for improvement were identified in relation to storage facilities and practice in relation to health and safety. These issues are covered in more detail in the body of the report.

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

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

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The inspector reviewed the statement of purpose and found that it complied with all the requirements of Schedule 1 of the regulations. A copy of the statement of purpose was readily available for reference. It consisted of a statement of the aims, objectives and ethos of the centre and summarised the facilities available and services provided. The person in charge confirmed that the statement of purpose was kept under review.

**Judgment:**

Compliant

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

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The centre was a well established nursing home that was privately owned and operated by Golden Nursing Homes Ltd. The centre was managed by the company directors, one with responsibility for financial and administrative management and the other who

operated as provider and person in charge. A well established system of governance was in place. There was a clearly defined management structure and resident care was directed through the person in charge who was employed on a full-time basis. Management systems were in place to monitor the provision of service with a view to ensuring safety and consistency. Management also articulated an understanding of the value of, and the processes involved in, reviewing and monitoring the quality and safety of the care provided. This understanding was seen to be implemented in practice with a schedule of audits in place to analyse data in relation to the quality of care, such as accidents and incidents, the use of bed-rails and pressure ulcer care.

Effective systems of communication and accountability were in operation with supervision arrangements by senior staff and daily handover arrangements that allocated care responsibilities to nominated staff. Measures were in place to ensure that the care delivered was consistent with evidence based standards and staff spoken with indicated that they were supported in access to training and their continuous professional development. Evidence of consultation with residents was available including questionnaires on quality of care and the documented minutes of regular resident meetings. In keeping with statutory requirements a report on the annual review of the quality and safety of care had been completed, a copy of which was available for reference. This report included a plan of action for the upcoming year and included areas for improvement such as the development of premises and initiatives in relation to the delivery of care at end of life.

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

**Findings:**  
Appropriate policies were in place in relation to the provision of information as required by the regulations. A comprehensive residents' guide that outlined the services and facilities of the centre was available to residents. Each resident had a written contract, signed and dated, that included details of the fees to be paid though these required update to reflect costs incurred in relation to additional services that were provided by the centre.

**Judgment:**  
Substantially Compliant

--

**Outcome 04: Suitable Person in Charge**  
*The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**  
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
The designated centre was managed by the person in charge who also fulfilled the role of provider. The person in charge operated on a full-time basis and was suitably qualified and experienced with authority, accountability and responsibility for the provision of service. Throughout the course of the inspection the person in charge demonstrated a professional approach to the role that included a commitment to a culture of improvement along with a well developed understanding of the associated statutory responsibilities. Staff spoken with reported significant support from the person in charge in their continuous professional development.

**Judgment:**  
Compliant

**Outcome 05: Documentation to be kept at a designated centre**  
*The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.*

**Theme:**  
Governance, Leadership and Management

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

**Findings:**  
Action from the previous inspection in relation to the revision of policies and procedures had been implemented. Up-to-date, site-specific policies were in place for all matters detailed in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in

Designated Centres for Older People) Regulations 2013. Copies of the relevant standards and regulations were maintained on site. A system was in place whereby staff signed to confirm they had reviewed policies and procedures and staff spoken with were familiar with and understood the relevant protocols around safeguarding, fire and evacuation procedures for example.

Records checked against Schedule 2, in respect of documents to be held in relation to members of staff, were in keeping with requirements. Resident records checked were complete and contained information as detailed in Schedule 3, including care plans, assessments, medical notes and nursing records. Other records to be maintained by a centre as set out in Schedule 4 such as a complaints log, records of notifications and a directory of visitors were also available.

Policies, procedures and guidelines in relation to risk management were up-to-date and available as required by the regulations, including fire procedures, emergency plans and records of fire training and drills. Maintenance records for equipment including hoists and fire-fighting equipment were also available. Records and documentation were securely controlled, maintained in good order and retrievable for monitoring purposes.

A current insurance policy was available verifying that the centre was adequately insured against accidents or injury to residents, staff and visitors.

The directory of residents was viewed by the inspector and found to contain comprehensive details in relation to each resident such as name, contact details for relatives and contact details for their general practitioner (GP).

**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:**  
The person in charge as provider was aware of the obligation to inform the Chief Inspector of any proposed periods of absence of the person in charge that might exceed 28 days. Arrangements were in place to cover for the absence of the person in charge and at the time of inspection senior nursing staff were responsible for covering the role during these periods. Inspectors were satisfied that these members of staff were suitably qualified and demonstrated the necessary level of experience and knowledge to



fulfil this role. The person in charge was contactable in the event of any emergencies and staff had the necessary contact details in this eventuality.

**Judgment:**

Compliant

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

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

**Theme:**

Safe care and support

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

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

**Findings:**

There was a policy on, and procedures in place for, the prevention, detection and response to abuse dated June 2016. In accordance with a recommendation from the previous inspection the policy was centre-specific and had been revised to reflect current national policy and legislation and now also set out guidance in circumstances where allegations might involve members of management and other persons in a position of trust. Training had also been updated as recommended and all staff had received current training in safeguarding and safety. Staff spoken with understood what constituted abuse and, in the event of such an allegation or incident, were clear on the procedure for reporting the information. The inspector reviewed processes for recording allegations which were in keeping with policy and related protocols. Residents spoken with stated they felt safe in the centre and were clear on who was in charge and who they could go to should they have any concerns they wished to raise.

An up-to-date safety statement was in place, as was a policy on resident's accounts and personal property dated September 2016. Where possible, residents managed their own finances either independently or with the support of family and the centre did not administrate any individual accounts. Systems were in place to safeguard residents' finances including the recording of individual transactions which were double signed in keeping with policy.

A policy and procedure on the management of challenging behaviour was in place dated September 2016 and had been reviewed since the previous inspection to reflect practice in relation to the assessment and management of care for residents presenting with related behaviours and psychological symptoms. A training schedule was in place and training in dementia and related behaviours had been delivered in March and April of this year. Staff members were seen to be appropriately responsive to the needs of residents presenting with anxieties and a review of the electronic care plan system

indicated that staff were monitoring residents presenting with such behaviours in a manner that was person-centred and that the information recorded was meaningful and relevant.

Management articulated a commitment to a restraint free environment and this approach was reflected in both policy and practice. Low beds were in use subject to appropriate assessments and the independence of residents was promoted through unrestricted access at the centre with relevant records also maintained around visiting and excursions. The restraint policy dated September 2016 had been reviewed since the last inspection and now provided effective direction around the definition and use of different types of restraint. Where restraints such as bed-rails were in place appropriate assessments had been undertaken around both the need for and risk of their use. Nursing notes reflected regular monitoring of their use and also the consideration of alternatives as appropriate. An audit of bed-rail use had been undertaken in January 2016.

**Judgment:**  
Compliant

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

**Theme:**  
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
Policies and procedures relating to health and safety were site-specific and up-to-date. A risk management policy covering the required areas in relation to unauthorised absence, assault, accidental injury, aggression, violence and self-harm was in place. Emergency and evacuation plans were displayed clearly around the centre.

Routine health and safety checks were undertaken and a record maintained. A fire safety register was in place which demonstrated that daily, weekly and monthly checks were completed to ensure fire safety precautions. Fire drill scenarios had been completed repeatedly during the year as part of an ongoing training programme. Regular fire training was provided and fire training for all staff was up-to-date. Suitable fire equipment was available throughout the centre which was regularly maintained and serviced and documentation was available to confirm this. Regular checks of fire prevention and response equipment were in place including emergency lighting and extinguishers. A system was in place to record incidents and management were seen to review and respond to areas of improvement that might be identified; records indicated that staff had recently undertaken further training in manual handling as required in response to an area for improvement identified.

Measures in place to prevent accidents on the premises included grab-rails in toilets and hand rails along corridors. Call bells were fitted in all rooms where required. Emergency exits were clearly marked and unobstructed. Access to sluice rooms was restricted and hazardous substances were secure and appropriately stored. The inspectors saw evidence of a regular cleaning routine and practices that protected against cross contamination included the use of a colour coded cleaning system. Infection control training had been provided in June. Good infection control practices were observed with staff utilising personal protective equipment appropriately and sanitising hand-gel which was readily accessible in regular use. However, at the time of inspection a bathroom was being used as a hairdressing facility which presented a potential risk and was not in keeping with infection control protocols. Additionally, another bathroom was also being used as a storage facility for commodes when not in use.

**Judgment:**

Non Compliant - Moderate

***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):**

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

**Findings:**

Since the last inspection appropriate action had been taken on the review of operational policies and procedures around ordering, prescribing, storing and administration of medicines and a centre-specific policy was in place dated September 2016. This included guidance on the handling and disposal of out of date medicine. Processes in place for the handling of medicines, including controlled drugs, were reviewed and were in accordance with current guidelines and legislation. Medicines were seen to be appropriately stored and secured. Medicines for repeat use had the date of opening recorded for reference. The inspector noted that fridge temperatures were being monitored and readings recorded.

Staff received regular training in the management of medicines appropriate to their role and responsibility. Audit systems were in place to monitor safe practice around the management of medicines with regular input by a pharmacist on training and a regular review of the prescribed medications for residents by a medical practitioner.

Prescription sheets contained the necessary biographical information for each resident and included an illustration of the medicine to ensure correct identification. Medicine administration was observed in the course of the inspection and seen to be in keeping with best practice. Where medicines were being crushed it was appropriately signed off

by a general practitioner. No residents were self administering at the time of inspection. Where medicines were prescribed on a PRN (as required) basis the maximum dose was recorded appropriately on the prescription sheet. Practice around the transcription of prescriptions was in keeping with policy and included co-signature by a second member of nursing staff.

Medication administration sheets contained the signature of the nurse administering the medicines. A signature sheet of staff qualified to administer medicines was maintained. Medication errors were captured as part of the medication management audits and had been reviewed for learning and action in the annual quality review.

**Judgment:**  
Compliant

***Outcome 10: Notification of Incidents***

***A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.***

**Theme:**  
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
A record of incidents and accidents that happened at the centre was maintained and where the circumstances of the event required notification to the Chief Inspector these were submitted in keeping with requirements. Quarterly reports were also returned as per the regulations.

**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 person in charge was responsible for ensuring that there were suitable arrangements in place to meet the health and nursing needs of all residents. The person in charge undertook pre-admission assessments that included meeting with the resident personally in either their home or care setting. Management articulated a commitment to a restraint free environment that was reflected in both the statement of purpose and the admission policy. In keeping with its statement of purpose the centre promoted an unrestricted environment with residents having direct and independent access to outside space. Since the previous inspection the admission policy had been reviewed as required to describe procedures where the needs of a resident changed such that the centre could no longer provide a service in keeping with its statement of purpose. Care planning assessments and records were maintained electronically; this system was accessible and easy to review and provided effective oversight of the prescribed care for residents at any given time.

On admission residents were comprehensively assessed around key components of care such as nutrition, mobility, skin integrity and cognition, using standardised assessment tools. Care plans were implemented in line with these assessments which provided relevant guidance to staff on the delivery of care. A sample of records was reviewed and care planning processes were found to be consistent with previous inspection findings where timely and comprehensive assessments were carried out with care plans regularly reviewed or as care needs changed.

Of the sample reviewed appropriate care plans were in place around all activities of daily living and specific plans were in place for individual issues identified such as hearing, visual impairment, nutrition and responsive behaviours. These care plans were person-centred and staff spoken with had a well developed knowledge and understanding of the needs and personal circumstances around these individual residents. There was an ongoing training programme around areas of care such as the management of falls, dementia and food and nutrition. Residents had access to relevant allied healthcare such as speech and language therapy, dietetics and physiotherapy. Arrangements were seen to be in place to support residents in accessing dental and optician services as required. Psychiatric and geriatric consultancy services were available on referral. As established on previous inspection the person in charge confirmed that access to the services of a community occupational therapist were still limited and that, subject to consultation with family and residents, access to this service on a private basis could be made available as required. Measures to promote good health and ensure early detection of illness included routine vital observations and weight recording on a regular monthly basis or more often as a resident's condition might change.

The inspector reviewed feedback questionnaires and spoke with residents and relatives who were consistent in their positive feedback about communication with staff and management in relation to the care received. Records reviewed and exchanges observed indicated that residents, and where appropriate their families, were consulted with, and participated in, communication and decisions around healthy living choices such as how they spent their day and personal preferences in relation to food and when or where they took their meals. Medical notes were recorded in care plans and confirmed regular

attendance and review by a general practitioner (GP). Residents also had the option of retaining the services of their own GP. Documentation and correspondence around discharges and transfers, including records of medication, were complete and accessible.

**Judgment:**

Compliant

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

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

**Theme:**

Effective care and support

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

No actions were required from the previous inspection.

**Findings:**

The centre was a single storey premises set back from the main road on well maintained grounds on the outskirts of Cork city. Ample parking facilities were available to the front of the premises. The centre provided accommodation for up to 37 residents comprising 25 single ensuite rooms, ten single with wash-handbasins and one twin room with wash-handbasin. Adequate bathroom and toilet facilities were appropriately located throughout with a separate facility available for staff. The premises were well maintained with good standards of cleanliness in evidence throughout. Equipment was serviced regularly and maintenance documentation was available to this effect.

There were several communal areas available to residents including a sitting room with access into a conservatory overlooking the garden and patio area. An adjoining, smaller conservatory was reserved for residents who smoked. The dining area was bright and open plan with views over the surrounding grounds. This layout was in keeping with the statement of purpose and facilitated freedom of movement to promote access and independence of residents. The centre also provided a second, large sitting room with a TV and a selection of books for reference. The premises overall was well decorated and the grounds were well maintained. Residents could exercise choice as to where they met with their visitors and a private space for visits could also be made available. Residents' rooms were comfortable and personalised, to varying degrees, with appropriate attention to the availability of familiar items and personal memorabilia for residents. Individual accommodation provided adequate space for the use of assistive equipment if necessary and also space for the storage of personal belongings and a secure locker. Call bells and grab-rails were in place throughout the centre where required. Furnishings were in good condition and comfortable. The centre was thoughtfully decorated with pictures, paintings and soft furnishings throughout. Heating, lighting and ventilation was

appropriate to the size and layout of the centre.

Kitchen facilities were laid out and appropriately equipped for the size and occupancy of the centre. The laundry area was well equipped and suitable in design to meet its purpose with sufficient space and facilities to manage all laundering processes. Residents had access to assistive equipment as required and staff were observed to use appropriate manual handling techniques when lifting and transferring residents. The centre had an adequate stock of equipment such as wheelchairs and hoists to meet the needs of the residents.

**Judgment:**

Compliant

***Outcome 13: Complaints procedures***

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

**Theme:**

Person-centred care and support

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

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

**Findings:**

There was a complaints policy in place dated September 2016 that had been reviewed since the last inspection and appropriate action had been taken to review and revise the protocols to guide staff where the provider/person in charge might be the subject of a complaint. However, the procedure required further review to effectively identify the individual with responsibility for oversight of the process as per regulation 34(3).

The inspector reviewed the complaints' process with the person in charge and established that the system in place recorded the necessary information as required by the regulations in relation to the complaint and complainant, and also how the complaint was considered and any action taken as a result. Residents spoken with understood who was in charge and that concerns they might have could be raised with the person in charge and also through the regular resident meetings that were in place. The person in charge explained that action plans were implemented following issues identified at resident meetings with learning from any issues raised communicated through regular staff and management meetings - for example there had been instances of clothing items going missing and measures had been implemented to address these issues that included individualised laundry collections. Records of these meetings were available for reference including copies of follow up action plans and feedback.

**Judgment:**

Substantially Compliant

**Outcome 14: End of Life Care**

***Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

A comprehensive policy on end-of-life care was in place dated January 2014 which covered the emotional, psychological and physical aspects of resident care and also provided direction on respect for remains and the procedure for post-death verification. Guidance was also included on managing religious preferences and access to pastoral care as required. Management and staff spoken with were clear in their understanding and commitment to the support of residents' wishes and there was evidence that practice to prevent unnecessary hospital admissions was in place such as regular attendance and review by the general practitioner (GP) and consultation with residents and their families as to whether or not they would wish to be transferred to hospital for care. The person in charge explained that staff were being supported to participate in workshops specifically around consultation and the development of advanced care directives. Effective support was also available from the community palliative care team.

Good care practices and facilities were observed to be in place so that residents could receive end-of-life care in a way that met their individual needs and wishes. The inspector reviewed a sample of care plans and noted that appropriate assessment around spirituality and dying was addressed as part of the admission process and that these issues were revisited as part of the regular review process. Management articulated a commitment to compassionate end of life care and the provision of facilities and supports for relatives to be present with their family member where possible.

**Judgment:**

Compliant

**Outcome 15: Food and Nutrition**

***Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.***

**Theme:**

Person-centred care and support



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

No actions were required from the previous inspection.

**Findings:**

Appropriate policies were in place in relation to the monitoring of nutrition and hydration dated June 2016. The nutritional needs of residents were assessed on admission and reviewed regularly or as circumstances required. Resident weights were regularly recorded and nutritional status was assessed using a standardised nutritional assessment tool. Access to allied healthcare professionals such as a dietician or speech and language therapist was facilitated and referrals where necessary due to recorded weight loss for example, were timely and in keeping with the needs of residents.

Dietary requirements were documented and readily available for reference in the kitchen, these were regularly reviewed with nursing staff where changes occurred, or for new admissions. A record of residents who were on special diets, such as diabetic and fortified diets or fluid thickeners, was maintained. Policies provided effective guidance on the recording of information and catering staff had been appropriately trained and understood the particular needs of their resident profile. Kitchen staff had relevant experience and training in food management and safety. Staff were seen to check with residents on a daily basis to try and ensure that the meals they received reflected their preferences. Kitchen facilities and equipment were in keeping with the layout and occupancy of the centre. A copy of the most recent environmental report dated 21 October 2016 was available.

Residents could exercise choice around when and where they took their meals, either in their rooms or in the dining area; the dining area was spacious and bright with tables well laid out for individuals or small groups according to preferences. A lunch menu for the day was displayed on screens throughout the centre that offered a starter and choice of main course and dessert. Menus were regularly rotated and offered good choice and appropriate nutritional balance. Inspectors observed mealtime service and noted that the meals provided were freshly prepared, nutritious and appetising in presentation. The person in charge explained that nominated staff had responsibility for the care and welfare of individual residents and these were appointed on a daily basis. Staffing levels were seen to be adequate with an appropriate number of staff available to provide assistance at mealtimes as required. Inspectors noted that a system was in place to ensure that snacks and refreshments were available and offered regularly throughout the day.

**Judgment:**

Compliant

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

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

**Theme:**

Person-centred care and support

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

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

**Findings:**

The centre was managed in a way that promoted the autonomy and independence of residents. Residents could exercise choice around where they spent their time and adequate communal space was available for residents to engage in activities appropriate to their abilities. The environment of the centre was well laid out with unrestricted and secure access to outside space. Communal sitting areas opened onto a bright, comfortable conservatory area with a similar separate area adjacent where residents who smoked could sit. On the days of inspection residents were seen to enjoy a variety of activities including an opera recital that was well attended. Residents could receive visitors at any time with regular visitor attendance throughout the inspection. The centre had access to a community service resource in the delivery of their activity programme that also included specialised activities for residents with cognitive impairment. Assessments had been completed as to the abilities of residents in relation to activities and a record of the extent of their participation was also maintained. The weekly programme included morning and afternoon arrangements for activities such as music, bingo and exercise time. A hairdressing service was available weekly or on request.

Management confirmed that appropriate arrangements were in place to facilitate residents to vote on-site or at local polling stations as requested. Residents had regular access to an independent advocate who attended the centre and also provided support in facilitating residents' meetings. Throughout the inspection the inspector observed appropriate and courteous person-centred interactions between all staff members and residents. Privacy was observed and staff routinely knocked on residents' doors before entering. Residents who wished had keys to their rooms and could secure access to their personal space accordingly. Staff and management were aware of individual residents' communication needs; since the previous inspection the provider had completed an initiative in providing direct telephone lines to a number of residents' rooms. Residents were also supported in using information technology and a computer was readily available and accessible for their use. Staff were seen to be considerate and responsive where the mood of a resident with a possible cognitive impairment might change and to use communication effectively to ease any related anxieties.

As identified on previous inspection the policy on the use of closed circuit television (CCTV) had been reviewed to reflect the requirements of relevant data protection legislation. However, related impact and/or privacy assessments had not been undertaken in considering the rationale for the use of CCTV in communal areas.

**Judgment:**

Substantially Compliant

**Outcome 17: Residents' clothing and personal property and possessions**  
*Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.*

**Theme:**  
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
There was a policy on residents' personal property and possessions dated September 2016 and an inventory of residents' valuables and items of personal significance was maintained and available for reference. Appropriately equipped laundry facilities were in place and staff were able to demonstrate effective systems of laundry management and labelling to ensure that residents retained control over their personal items of clothing.

**Judgment:**  
Compliant

**Outcome 18: Suitable Staffing**  
*There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.*

**Theme:**  
Workforce

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

**Findings:**  
Action from the previous inspection in relation to training gaps had been implemented and all staff now had current training in the required mandatory areas, including manual handling. A planned and actual staff roster was in place and both the skill mix and staffing levels at the time of the inspection were appropriate to meet the needs of the residents having consideration for the size and layout of the centre. Staff spoken with demonstrated an appropriate knowledge of evidence based good practice and were competent to deliver care and support to residents. Staff were also familiar with the

standards and regulations and were aware of their statutory duties in relation to the general welfare and protection of residents. The regular training programme included areas appropriate to the specific needs of the resident profile such as dementia and advanced care planning. Staff spoken with confirmed that they were supported to attend training as required.

Management systems were in place to ensure that information was communicated effectively, a staff handover meeting took place at the end of each shift and general staff meetings also took place on at least an annual basis, minutes of these meetings were available for reference. There was a clearly defined management structure that identified the lines of authority and accountability. At the time of inspection the system of supervision was directed through the person in charge who implemented systems for the review of staff competency including a schedule of appraisals for all staff members. Supervision was further supported by senior staff and an appropriately qualified, registered nurse was on duty at all times.

The inspector reviewed recruitment and training records and procedures and spoke with staff and management in relation to both these systems. Recruitment and vetting procedures were in place that verified the qualifications, training and security backgrounds of all staff. A sample of staff files was reviewed and documentation was appropriately maintained as per Schedule 2 of the Regulations. A record of current professional registration details was in place. The centre did not engage any volunteers at the time of inspection.

**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:***

Mairead Harrington  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



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

<b>Centre name:</b>	Douglas Nursing and Retirement Home
<b>Centre ID:</b>	OSV-0000223
<b>Date of inspection:</b>	26/10/2016
<b>Date of response:</b>	18/11/2017

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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

### Outcome 03: Information for residents

#### Theme:

Governance, Leadership and Management

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

Ensure that agreements relating to the care and welfare of a resident include details of the fees, if any, to be charged for any services.

#### **1. 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

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

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:**

Going forward all contracts of care shall have an appendix outlining the probable costs of any services offered.

**Proposed Timescale:** 18/11/2016

**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:**

At the time of inspection practice in some instances were not in keeping with appropriate infection control protocols such as:

- a bathroom was being used as a hairdressing facility,
- a bathroom was being used as a storage facility for commodes when not in use.

**2. 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:**

The hairdressing salon has now been moved to a dedicated treatment room

**Proposed Timescale:** 18/11/2016

**Outcome 13: Complaints procedures**

**Theme:**

Person-centred care and support

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

The complaints procedure required review to effectively identify the individual with responsibility for oversight of the process as per regulation 34(3).

**3. Action Required:**

Under Regulation 34(3) you are required to: Nominate a person, other than the person nominated in Regulation 34 (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 34 (1)(c) maintains the records specified under in Regulation 34 (1)(f).

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

This was done on the first day of the inspection and was shown to the inspectors on the second day of inspection.

**Proposed Timescale: 18/11/2016**

**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:**

Risk and/or privacy impact assessments had not been undertaken in considering the rationale for the use of CCTV in communal areas.

**4. Action Required:**

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

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

A Privacy impact assessment will be undertaken with the assistance of residents and relatives and this will inform future practice.

**Proposed Timescale: 30/04/2017**