

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Dunlavin Nursing Home
Centre ID:	OSV-0005381
Centre address:	Dunlavin, Wicklow.
Telephone number:	045 406 628
Email address:	dunlavin@silverstream.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Dunlavin Nursing Home Limited
Provider Nominee:	Joseph Kenny
Lead inspector:	Sheila McKeivitt
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	11
Number of vacancies on the date of inspection:	25

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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 22 February 2017 09:00 To: 22 February 2017 17:00

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Substantially Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Substantially Compliant

Summary of findings from this inspection

This report sets out the findings of an unannounced inspection of this centre. The purpose of this inspection was two fold; to monitor on-going compliance with the Health Act 2007 (Care and Welfare of Residents in Designated centres for Older People) Regulations 2013 and in response to an application to vary condition 7 of the certificate of registration; to increase the maximum bed capacity from 36 to 60 beds.

The centre was initially registered by the Health Information and Quality Authority (HIQA) in November 2016 to care for a maximum of 36 residents. A schedule of admissions was agreed and issued with the notice of proposal to the provider.

As part of the inspection, the inspector met with residents, visitors and staff members. The inspector observed practices and reviewed documentation such as resident comprehensive assessments', care plans, medical records, policies and procedures, directory of residents' and staff files. There were 11 residents residing in the centre at the time of inspection. Residents' spoken with expressed a high level of

satisfaction with the level of service they were receiving. They were particularly complimentary of the staff and the level of attention they provided to them. They spoke positively about the purpose built centre and the safe outdoor space which they and their families enjoyed.

The governance of the centre was strong. The provider had adhered to the schedule of admissions. Residents' had a full health assessment completed on admission to the centre. This included a nursing, medical and where required a specialist health care assessment. The provider had quality assurance systems in place to ensure that the schedule of admissions and the admission process was being adhered to.

The inspector followed up on action plans on the previous inspection report and found that these had been addressed. The action plan at the end of the report identifies three areas where improvements in practice were required in order to comply with the regulations.

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):

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

Findings:

An updated statement of purpose was submitted to the Authority with the application to vary condition seven. It included the services and facilities accessible to residents living in the centre. A copy was on display in the centre.

Judgment:

Compliant

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The governance of the centre was strong. There was a clearly defined management structure which was reflected in the statement of purpose. The provider and person in charge were operating in compliance with the conditions of registration and were adhering to the admissions schedule.

The person in charge (PIC) worked fulltime. She was supported in her role by the assistant director of nursing (ADON) and the clinical operations manager. The inspector saw evidence of a key performance indicator report which the person in charge submitted to the clinical operations manager each week. The clinical operations manager then met with the provider to discuss these reports.

The clinical operations manager for the group met with the person in charge at least once each month to discuss all issues in relation to the operation of the centre. Minutes of these meetings were available for review.

The ADON was the named person to take over in the absence of the person in charge. She is a registered general nurse and was on duty during this inspection as the PIC was on leave.

The management team was auditing areas of practice such as medication management, care plans, nursing documentation, use of bedrails, accident and incident and falls. The results of these audits were clearly analysed, and communicated to staff. Where action plans were included there was evidence that these actions were being addressed. The audit results had identified areas of improvement which mirrored findings by the inspector.

Residents spoken knew who was in charge and spoke positively about the management team.

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:
There was guide to the centre available to residents living in the centre. A sample of three contracts of care were reviewed. All three were signed by the resident or their next of kin and a company representative. They included details of the weekly fees and additional fees charged to the resident.

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):
No actions were required from the previous inspection.

Findings:
A directory of residents had been established and was available for review. It included all the information specified in paragraph (3) of schedule 3.

It confirmed to the inspector that the provider was adhering to the schedule of admissions.

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:
The inspector saw that closed circuit television cameras had been installed at the front gate. Night staff could now see who was at gate prior to permitting entry into the grounds of the nursing home.

The inspector saw that the centre was safe and secure. Residents spoken with

confirmed this. There was no restraint in use in the centre and residents told the inspector that they had control over their own petty cash. They had a place in their private bedroom to secure this. None of the current residents displayed behaviours that may challenge.

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:
The centre was warm, clean and well lit.

The temperature in communal areas was observed to be above 23 degrees centigrade. Fire records showed that the fire alarm and emergency lighting was being checked on a quarterly basis. The fire extinguishers were serviced within the past year. Fire drills were being practiced on a monthly basis by staff.

Judgment:
Compliant

Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:
Safe care and support

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

Findings:
There were written policies in place relating to the ordering, prescribing, storing and administration of medicines to residents.

All medicines were stored securely in the centre. Medicines were dispensed in a monitored dosage system that consisted of individual pouches. There was a secure

cupboard available for the storage of controlled medications. There were procedures in place for the handling and disposal of unused and out of date medicines.

The processes in place for administration of medicines were safe. Nursing staff were observed to safely administer medicines. Practice observed reflected the policy.

Medication errors were recorded and followed up on by the person in charge. Medication management was being audited by the management team. The recently completed medication audit reflected where improvements could be made. These reflected areas for improvement identified by the inspector, the maximum dose of PRN (as required) and the indications for the administration of PRN (as required) medicines was not always recorded on the residents' medication prescription charts. Residents' personal details were incomplete on medication some prescription charts however, these were completed prior to the end of the inspection.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

Residents' health care needs were met through timely access to nursing, medical and allied health care services. Health assessments were completed in a timely manner on each resident post admission to the centre.

Residents' had a pre-admission assessment completed prior to their admission. All nursing assessments and care plans were completed within 48 hours of admission. This was completed by the person in charge or assistant director of nursing. Nursing assessments were completed on admission, residents' needs were identified and there was a care plan in place for each need identified. There were some gaps in the comprehensive assessment documentation. For example, the residents' sleeping and continence assessment was omitted and the activity assessment was brief, the resident's past social history likes and dislikes were not included. A sample of care plans were reviewed, they were person-centred and there was evidence of residents' involvement from the level of personal detail included. There were some gaps where all

recommendations made by a visiting allied health care professional had not been updated in the care plan. A nursing documentation audit completed by the management team just prior to this inspection had identified similar gaps in documents and were in the process of addressing these gaps.

The inspector saw that each resident had been comprehensively assessed by their general practitioner within 72 hours of admission. The inspector saw there was a detailed record available of each resident's health status on admission. Residents' who required further specialised assessment had been referred to members of the allied health care team. For example, the inspector saw those identified as at risk of malnutrition had been referred to a dietician.

Residents said they were enabled to make healthy living choices. They were provided with a choice of meals at mealtime. Snacks and drinks were offered to them between meals. Staff were observed providing assistance to residents with their meals in a quiet, calm and unrushed manner.

Judgment:
Substantially Compliant

Outcome 12: Safe and Suitable Premises

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

Theme:
Effective care and support

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

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

Findings:

Each of the three sluice rooms had been fitted with all the required stainless steel equipment. All windowless cleaning and sluice rooms had been fitted with a ventilation system. Wash-hand basins had been fitted in the clinical rooms and cleaning rooms. A second call bell had been fitted beside the bath in a number of bathrooms.

Judgment:
Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving

visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Residents' told the inspector they were treated with respect and dignity.

They were provided with choose regarding all aspects of their care. They told the inspector that Mass had just started in the centre and it was to continue every Friday going forward. They spoke positively about this service. The inspector was informed that they were in the process of registering the 11 residents' to vote, the paper work had been completed.

There were activities available for residents' to choose from with an activities co-ordinator on duty four days per week. Residents had a pet rabbit in the centre and they told the inspector that they were hoping to get a dog Residents' said they were given a choice of what they wanted to do and whether to attend or not. They described the activities as sporadic to date. The inspector was informed that an activities schedule was being developed to date they had a number of local clubs in to visit and do activities with residents' including the Irish Country Women's (ICA) association who had come in and done a cooking demonstration with residents. There was a local friendship club, weavers club and local musicians involved in activities with residents. Residents also attended activities in the local village hall and local craft café.

The first residents' meeting was planned for March. The centres advocate was chairing it. Residents said there were no restrictions on visiting and their relatives and friends were always made welcome by staff.

Judgment:

Compliant

Outcome 18: Suitable Staffing

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

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

The inspector reviewed staffing levels in the centre and found they were adequate to meet the needs of residents.

Residents spoke extremely positively about the staff. They described them as kind, caring, attentive and friendly. They said staffing levels during the day were adequate to meet their needs, however two residents felt that two staff on night duty was not enough. They felt staff were rushed and sometimes there was a delay in answering their call bell. The inspector discussed this feedback with the ADON who stated the management team had discussed putting an extra staff member on a twilight shift as the number of residents' and their dependency was increasing.

A sample of four staff files were reviewed, they contained the required documents as outlined in schedule 2. All four staff appeared to have completed an induction course which included their required mandatory training.

Judgment:

Substantially 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:

Sheila McKeivitt
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:	Dunlavin Nursing Home
Centre ID:	OSV-0005381
Date of inspection:	22/02/2017
Date of response:	21/03/2017

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 09: Medication Management

Theme:

Safe care and support

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

The maximum dose of PRN (as required) and the indications for the administration of PRN (as required) medicines were not always recorded on the residents' medication prescription charts.

1. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are

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

administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

The maximum dose of PRN (as required) and the indications for the administration of PRN (as required) medicines is now always recorded on the residents' medication prescription charts. The PIC will review the Medication Kardex on a regular basis to ensure COMPLIANCE. Monthly Audits of the Medication Kardex is in place.

Proposed Timescale: 21/03/2017

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:

There were some gaps in the assessment and care plan documentation.

2. Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

The gaps in the assessment and care plan documentation have been reviewed and are completed. Training and support is being provided to the Staff Nurses by the PIC and the Clinical Governance Team. A full review of new admission care plans takes place after 48hrs by the PIC. The Clinical Governance Team will continue to audit and review all care plans on a monthly basis, non-conformances noted will be actioned by the PIC and the Nursing team.

Proposed Timescale: 21/03/2017

Outcome 18: Suitable Staffing

Theme:

Workforce

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

Keep staffing levels on night duty under review to ensure the residents needs are consistently met.

3. Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

Staffing levels on night duty are reviewed and monitored on a two weekly basis and at each new admission. The Dependency Needs levels are reviewed by the PIC and staff roster and allocation adjusted to meet the needs identified. A twilight shift is being considered to meet the needs of residents in the evening.

Proposed Timescale: 21/03/2017