



# Report of an inspection of a Designated Centre for Older People.

## Issued by the Chief Inspector

Name of designated centre:	Dealgan House Nursing Home
Name of provider:	Dealgan House Nursing Home Limited
Address of centre:	Toberona, Dundalk, Louth
Type of inspection:	Unannounced
Date of inspection:	08 September 2020
Centre ID:	OSV-0000130
Fieldwork ID:	MON-0030341

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Dealgan House is a purpose-built nursing home located close to Dundalk town. The designated centre provides 24-hour nursing care to 84 residents over 18 years of age, male and female, who require long-term, as well as short stay, care such as respite and convalescence. Accommodation is provided on the ground floor in 82 single bedrooms and one twin bedroom. The centre is decorated and furnished to a high standard throughout. The centre is divided in three areas: the main part of the nursing home has 52 beds, an enclosed garden and its own function room and dining area, as well as an oratory. A recent extension in 2016 has added the Tain Suite which has 15 bedrooms, sitting and dining facilities and a kitchenette, and the Sonas Suite, a Memory Loss Unit with 17 bedrooms and all the required facilities. Both suites operate as self-contained households led by a homemaker. Residents of the Sonas Suite have access to the sensory garden in which they can relax or cultivate plants in raised beds. Care is provided to all dependency levels and for a variety of needs including palliative and end-of-life care, dementia, intellectual and physical disability and acquired brain injury. The centre has a team of medical, nursing, direct care and ancillary staff and access to other health professionals to deliver care to the residents. The philosophy of the centre is to provide a high standard of care in a living environment that the residents can consider 'a home away from home'.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	58
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 8 September 2020	08:00hrs to 17:10hrs	Manuela Cristea	Lead
Tuesday 8 September 2020	08:00hrs to 17:10hrs	Ann Wallace	Support
Tuesday 8 September 2020	08:00hrs to 17:10hrs	Noreen Flannelly- Kinsella	Support

## What residents told us and what inspectors observed

The inspectors spoke with residents about their experience of living in the centre. Residents looked relaxed and comfortable and described the centre as their 'home'. They said that they felt safe and well-cared for and that staff did their very best to ensure that they had everything they required. Residents reported that staff had time to listen to them and to reassure them. Residents were very appreciative of the staff's efforts to keep them safe. All residents reported that the quality and quantity of food was excellent and that staff went to great lengths to respect their choices and likes and dislikes.

The inspectors also spent time observing staff interacting with residents throughout the day and found that staff/resident interactions were person-centred, kind and courteous. Staff were observed knocking and waiting for permission prior to entering residents' bedrooms.

Staff expressed genuine empathy and care about the residents they looked after. Staff described the impact of the current restrictions on the residents, and how uplifted the residents were that social activities had resumed. Staff described residents' engagement with a varied schedule of activities while residents reported they were delighted with the resumption of Mass services and a recent bus outing. Other residents told the inspectors how much they had enjoyed the live music session in the internal garden in the previous week.

Many residents mentioned that they missed the hairdresser the most, as this service had not resumed at the time of inspection. In the dementia unit, staff were observed using tongs and curlers to groom ladies' hair. Residents' safety was maintained, and staff used facial masks at all times and promoted social distancing measures. There was a warm and friendly atmosphere that prompted lively chats between the residents and recreated the experience of a hairdressing salon within a local community. It was evident that residents were thoroughly enjoying themselves.

Access to the garden was unrestricted and a number of residents were observed engaging in gardening activities. There were high raised flower beds and the two large internal gardens provided a safe outside space to enjoy fresh air. Staff assisted residents for walks and were observed offering them freshly picked flowers to smell, for a sensory experience which might prompt memories and discussion.

In another area, a group of residents were watching an old-times favourite movie, while staff was discreetly assisting them with drinks and snacks. Some residents remained in their rooms and told the inspectors that this was their choice and they enjoyed spending their time reading books or newspapers. One resident told inspectors that they were searching for the Mass service on a portable computer tablet, and showed the inspector how they connected to the Internet. Another resident mentioned that they were looking forward to return to their own

room, which they had to vacate in order to facilitate the current building works in the centre.

Inspectors noted that the majority of residents were up and about and there were a variety of seating areas created to support social distancing. The tables in the dining room had been spaced apart and place settings were reduced to support social distancing.

Many residents said they were satisfied with the visiting arrangements and they were kept informed about the changing guidance.

While all residents reported that they were happy and content living in the centre, some residents mentioned the negative impact the ongoing media interest following the COVID-19 outbreak earlier in the year, had had on their well being. This was also echoed by staff and the many visitors who met the inspectors on the day. Inspectors met with eight relatives and visitors who were unanimous in their satisfaction with the quality of care provided to their loved ones and their confidence in the service. Some of them were visibly upset by the fact that their views had never been sought or represented and expressed their concerns that the media interest and coverage was causing more unnecessary 'anxiety' for residents and their families. Families and residents on that day told the inspectors that their experiences were completely different to what was presented in the media and that the ongoing intrusion meant that the current residents were not able to get closure on what had happened and move on with their lives.

Some relatives mentioned that their loved one was in 'the best and safest place' that they could be. Others described the centre as a very caring community, where staff and management did not only care about the residents but also about their relatives, and always had time to discuss any issues brought to their attention.

Staff also described how difficult the last few months had been, and that despite the constant negative attention they enjoyed working in the centre. Staff told the inspectors that they were supported by management and were proud of the high standard of care that they provided to the residents.

## Capacity and capability

This unannounced one day inspection was undertaken to follow up on findings of the previous inspection in May 2020, and to assess if the centre had made sufficient progress to enable the Chief Inspector to renew its registration as a designated centre. The inspectors also followed up on a small number of unsolicited concerns received since the last inspection.

Overall there were significant improvements since the last inspection and the management and oversight arrangements had improved. The improvements were also evidenced by the very positive feedback that was received from residents and

their families during the inspection as well as the fortnightly provider reports submitted to the Chief Inspector which showed incremental progress in respect of staffing and key quality improvements.

There was increased training, better staff supervision, improved communication and accessible staff support. The clinical care and services were well-managed with clear lines of accountability and authority evident through the named nurse and key worker processes and a clinical audit calendar was in place to monitor standards of care and identify areas for improvement. The person in charge and the assistant director of nursing ensured that a senior nurse was available in a supernumerary capacity over the seven days of the week to supervise and support staff in their work.

However, while improvements had been made in respect of governance and management of clinical areas further improvements were required in areas such as maintenance, administration, health and safety, including infection prevention and control and risk management. The management and oversight of these areas was not robust which is reflected in the non-compliances found on this inspection.

Incidents were notified to the Chief Inspector as required by the regulations. There was a comprehensive clinical risk register of all accidents and incidents that took place in the centre and appropriate action taken in the review of residents following a fall. There was a general risk register in place, however it required further review to ensure it reflected the current risks in the centre and that it was consistently updated whenever a new risk or hazard was identified so that there was a clear record of the control measures that were put in place to mitigate the risk. The contracted Health and Safety specialist had not attended the centre to fulfill their service level agreement in 2020.

The staffing levels had improved since the last inspection and there were sufficient staff with the appropriate knowledge and skills to meet the needs of the residents. Where agency staff were used the provider sourced staff who were familiar with the centre and who had received a thorough induction to their roles and the standards that were required of them. As a result staffing levels were stable although the arrangements for covering long-term absence in the laundry were not sustainable going forward.

Staff demonstrated a positive attitude to their work and were clear about their roles and responsibilities and the standards that were expected of them. Staff had access to support and supervision in their work which helped to ensure that there was an established staff team and that staff morale was good. Health and safety and infection prevention and control formed part of the induction process for the new staff. Staff were observed adhering to infection prevention and control practices such as the uniform policy, monitoring staff temperatures arriving and during the working day, good hand hygiene practices and social distancing measures at break times.

Communication with staff occurred regularly on a formal and informal basis. All staff who spoke with the inspectors confirmed that they felt supported, that they could

raise issues readily with the management and felt their views would be listened to and valued.

Policies and procedures were in place as set out in Schedule 5, however they had not all been updated with COVID-19 specific information. For example the policy on temporary absence and discharge of residents had not been updated with the current public health measures in respect of isolating residents on admission. There was a distinct Management of COVID-19 policy in place that addressed all relevant areas.

There was evidence of effective communication with families and residents since the last inspection. This was confirmed by residents and relatives who spoke with the inspectors on the day.

While a clear strategy had been put in place to ensure appropriate record management, further improvements were required to ensure all records were appropriately maintained in line with regulatory requirements. This is further detailed under Regulation 21.

### Regulation 15: Staffing

The action plan from the previous inspection had been implemented by the provider and staffing levels had significantly improved in the designated centre. Inspectors found that there were sufficient nursing and care staff with the appropriate knowledge and skills to provide safe care for the residents taking into account the size and layout of the designated centre.

There was a qualified nurse on duty at all times on each unit in the centre. Current nursing staff levels ensured that there was no movement of nursing staff between the units.

There were two members of laundry staff who were on long-term absence. They had not been replaced and the housekeeping supervisor was working in the laundry at the time of inspection. As a result both the housekeeping team and the laundry did not have a full complement of staff. Although the provider was continuing to recruit to these roles the inspectors were not assured that these interim arrangements were sustainable going forward.

Judgment: Compliant

### Regulation 16: Training and staff development

All staff had access to a programme of ongoing mandatory training. However following the COVID-19 outbreak in April 2020 and the additional restrictions on



personnel attending the centre, the training programme had fallen behind schedule. As a result staff were not up to date with their training in key areas such as fire safety, safeguarding and moving and handling. Following the inspection the provider submitted the scheduled dates for all relevant training in September 2020.

Following the last inspection, all staff had received training in infection prevention and control appropriate to their roles. This included hand hygiene, donning and doffing personal protective equipment (PPE), and breaking the chain of transmission. In addition all staff had access to the current HPSC guidance (Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance).

Records showed that new staff received a comprehensive induction which included mentoring and shadowing senior staff. New nursing staff completed competency assessments in key areas such as medication management and wound management.

Inspectors found that staff had appropriate supervision and support in their work. The action plan following the inspection in May 2020 had been implemented by the provider and a clinical nurse manager was available out of hours and at weekends. A named nurse and key worker model had been implemented which ensured that there were clear lines of responsibility and accountability for each resident's ongoing care. As a result staff were clear about what was expected of them in their roles and the standards that were required. Staff reported that senior staff were approachable and that they had good support in their day to day work.

A catering and housekeeping manager had been appointed who took responsibility for the housekeeping, laundry and catering teams. There were clear policies and processes in place for housekeeping and laundry however the housekeeping and laundry facilities and processes required improvement. This is addressed under Regulation 27.

Following the last inspection the housekeeping team had received infection prevention and control training and training on the cleaning products in use in the centre.

Judgment: Compliant

## Regulation 21: Records

Not all of the records set out in Schedules 2, 3 and 4 were complete and available at the time of the inspection:

- the staff rosters did not reflect the change in hours worked by the person in charge and the assistant director of nursing.
- the rosters did not accurately record the member of staff working in the

laundry during the week of the inspection.

- the maintenance records were not complete and did not ensure that all maintenance work had been completed.
- in-house fire safety checks were not recorded for four months.
- 2 staff files did not have the appropriate references in place. (The required two references were sought and received for one record on the day of the inspection).

Judgment: Not compliant

## Regulation 23: Governance and management

Inspectors found that there had been significant improvements in the governance and management of the centre since the previous inspection in May 2020.

It was evident that the management team had worked with the provider to ensure that the compliance plan from the previous inspection was implemented. The provider representative was supported in their work by a second director of the company who was in the centre during the inspection and participated fully in the process. Records showed that the management team met monthly to report on their assigned areas and to discuss ongoing complaints and incidents.

There was a defined management structure in place on the day of inspection, however it did not correspond to the one outlined in the Statement of Purpose. An updated Statement of purpose was requested and received following the inspection.

The management structure had clear lines of responsibility for key areas such as clinical care, health and safety, risk management, human resources and administration. Managers had delegated authority to carry out their roles and responsibilities however it was not clear that all managers had the appropriate knowledge and skills for their roles. In addition it was not clear that all managers had access to the specialist knowledge and skills they needed from time to time. For example the provider had a service level agreement with a health and safety specialist company to provide advice and support and to enable the provider to maintain the risk register. However the company had not attended the centre to complete this work for 2020 and there was no contingency plan in place to obtain either an alternative supplier or to develop capacity within the in-house management team.

There was a quality assurance programme in place to monitor the quality and safety of the care and services delivered to the residents. Significant improvements had been made in the oversight of the service since the last inspection and the inspectors found that the oversight of clinical care and services was well-managed. However further improvements were needed in the oversight of administration, health and safety, risk management and maintenance. In particular inspectors found

that the monitoring and oversight of these areas did not ensure that where issues were identified that these were addressed in a timely manner and followed up by the responsible person. For example, the management identified in July 2020 that the weekly fire safety checks had not been completed since April. However records showed that it was only in August 2020 that this issue was acted on and corrected.

The management team had worked hard to recruit new staff with appropriate knowledge and skills. Inspectors found that there were sufficient staff on duty to meet the needs of the residents and that staff were clear about their roles and the standards that were expected of them in their work. However inspectors were not assured that the interim arrangements that were in place to cover long term absence in the laundry team were sustainable going forward.

The provider had completed a review of the service in 2019 which was submitted to the inspectors following the inspection. The annual review was prepared in consultation with the residents and it included an action plan for the year ahead.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

Overall, notifications of incidents were submitted to the Chief Inspector within the required time frames.

Incidents and accidents were reported and recorded. Clinical incident reviews were completed and the learning from the incident was communicated to the relevant staff.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a complaints policy in place. The policy was made available to residents and their families. The complaints procedure was displayed at the front hall of the designated centre.

Inspectors found that significant improvements had been made in communications with their families since the May 2020 inspection. This had helped to ensure that families knew how to make a complaint and that they felt their issues had been listened to.

There was a complaints log in place where all complaints were recorded and the

details of the investigations that had been carried out as part of the process.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

The Schedule 5 policies were in place and had been reviewed within the last three years.

The policies and procedures were made available to staff through their induction and ongoing mandatory training.

Some improvements were required to ensure that all policies were updated in line with evidence-based guidelines and that they were dated and signed by the responsible person. For example the Cleanliness and Infection Prevention and Control Policy had not been dated and signed. This issue had already been identified by the provider and a strategy was in place to address this. In addition the COVID-19 Policy was not up to date with the current guidance. This is addressed under Regulation 27.

Judgment: Compliant

#### Quality and safety

Inspectors found that residents enjoyed a good quality service which met their needs. However further improvements were required in respect of promoting and maintaining a safe environment, specifically in respect of health and safety, risk management and infection control measures.

Residents had access to medical care as required and additional treatment and expertise from varied allied health professionals. Residents were closely monitored for signs and symptoms of COVID-19, and clinical observations were recorded twice daily. There were clear protocols in place for testing and isolating of residents who developed signs and symptoms and staff demonstrated competence in recognising any significant changes in a resident's condition that might suggest a risk of COVID-19 infection.

Each resident's care needs were comprehensively assessed. Care planning documentation was informed by person-centred details that reflected each resident's individual wishes and preferences regarding their care. As a result care plans were up to date and provided sufficient detail to inform staff about each resident's care. There was clear evidence that residents and/or their relatives were

actively and regularly consulted in respect of their care planning arrangements.

Residents reported feeling very safe in the centre and families of the current residents confirmed that their loved ones were treated with respect and dignity. Staff had attended safeguarding training and were scheduled for refresher training in the coming weeks. All staff had undergone satisfactory Garda Vetting.

Visiting restrictions had been eased in the centre in line with Public Health advice. Visiting was facilitated in a number of designated areas, each of which were observed to be appropriate to accommodate social distancing. Visits were by appointment only and were accommodated seven days per week and in the evenings.

Inspectors spent time observing residents' dining experience and noted that residents appeared relaxed and were enjoying their food. Those who required assistance with their meals were assisted by staff who sat with them and who provided discreet support which was patient, kind and dignified. The food was freshly cooked on site and was noted to be wholesome and nutritious.

Overall the building was clean and comfortable and the premises were laid out to meet the needs of the residents. However, some improvements were required in relation to the maintenance and general upkeep of some of the internal areas and the enclosed gardens. Although there was a refurbishment plan in place inspectors were not assured that the provider had adequate oversight in place to ensure that the plan was implemented to the required standards.

At the time of inspection, building works were being carried out to; install additional communal shower facilities for the residents, address under floor heating issues and to convert a twin bedroom into a staff changing area. A risk assessment had been completed prior to the start of the works, however it did not include; appropriate infection control considerations, dates and time frames for completion and clearly assigned responsibilities in a SMART (Specific, Measurable, Achievable, Realistic and Timebound) format.

While the inspectors acknowledged the progress the provider had made since the previous inspection in May 2020 further improvements were required in respect of ensuring a proactive approach to the management of health and safety and risk in the designated centre. This is addressed under Regulation 23. The risk management policy also required to be further developed.

There was evidence of appropriate preparedness should the centre experience a second outbreak of COVID-19. A comprehensive contingency plan had been put into place to minimise the risk of residents or staff contracting a COVID-19 infection. The plan also set out actions to ensure the safety, care and welfare of residents in the event of a such an outbreak. Systems were in place to test staff and residents who presented or reported symptoms of COVID-19. This plan supported early recognition and containment of suspected cases of COVID-19.

There was a comprehensive range of infection prevention and control policies to guide practices in the centre. These included COVID-19 policies. However inspectors

found that the COVID-19 policy did not reflect the latest guidance in relation to visitors and that some infection and control policies needed to be developed in line with the national standards for clinical practice guidance for health care (National Clinical Effectiveness Committee). Inspectors were told that infection prevention and control policies were currently under review.

It was not clear who took overall responsibility for infection prevention and control in the centre. At the time of the inspection a person had been identified to assume the role as infection prevention and control lead however following the inspection the arrangements changed and the person in charge was identified as the designated lead for infection prevention and control at the centre.

The person in charge, a Clinical Nurse Manager (CNM) and the catering and housekeeping manager had recently completed additional infection prevention and control training in order to provide training for their own staff in the future. The centre had access to designated specialist staff in infection prevention and control for support and advice if required. Together with the catering and housekeeping manager, the person in charge engaged in regular walk abouts, spot checks and environmental audits. The inspectors found some improvements that had not been identified on the current checks and these are addressed under Regulation 27. Where issues were identified during the inspection these were addressed by the responsible person.

## Regulation 11: Visits

The provider had developed a visiting protocol to minimise any risk of COVID-19 to the residents, staff and visitors. Visiting was restricted to two visits per week in line with Public Health guidance, and all visitors and residents reported that they were satisfied with the measures in place and understood that it was to maintain their safety.

The provider had good arrangements in place for residents to receive visitors, and suitable communal and private space had been creatively arranged for this purpose. In addition, window visits were also offered and a fully enclosed area divided by perspex screen had been created in a communal room, that allowed secure access to the back parts of the centre via a different entry point.

Visits were pre-arranged and only happened by appointment to ensure residents' safety was maintained. Each visitor was seen to be met by a designated staff member who instructed and supervised the visitor on the precautions to be taken including temperature check, mask-wearing, social distancing and hand washing.

Visiting areas were appropriately equipped with personal protective equipment and a designated cleaner ensured that in between visits the rooms and surfaces were appropriately disinfected.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents had access to a safe supply of drinking water and were provided with choice at mealtimes. This choice extended to the modified diets for residents who had specialised needs and dietary requirements. Staff had received training in the international dysphagia (difficulty swallowing) diet standardisation system and were observed to provide the residents with their prescribed diets. Staff knew the residents well, and there were good communication systems in place with the catering department to ensure residents received the correct diets.

The meals offered to residents were observed to be properly prepared, cooked and served and all residents reported satisfaction with the quality and quantity of food they were provided with. There was a rolling four-week menu in place that included meal choices that were varied and nutritious. All food was freshly cooked on site.

Systems were in place to ensure residents could access food at any time, including outside kitchen opening hours.

Judgment: Compliant

### Regulation 25: Temporary absence or discharge of residents

There were processes in place to ensure that when residents were admitted, transferred or discharged, relevant and appropriate information about their care and treatment was shared between providers and services.

Discharge letters for those who had spent time in acute hospital and results of tests, specialist recommendations and information regarding follow up clinical appointments was well-maintained and easily accessible.

Judgment: Compliant

### Regulation 26: Risk management

The management and reporting of general risk in the centre required review to ensure that risks were identified, appropriately escalated and mitigation plans implemented in a timely manner in order to maintain a safe service.

While the clinical risk register was well-maintained and used to manage clinical risks,

the general risk register for the centre required better oversight to ensure that the register was up to date and was used to effectively identify and manage risks in the designated centre. This is further developed under Regulation 23.

The risk management policy had been recently revised however it did not include all prescribed risks as identified in Regulation 26, such as accidents involving visitors or managing the risk of aggression. Such an incident had occurred in the centre in the last two months and while the provider informed the inspectors of the measures implemented to control such risk in the future there was no documentary evidence of changes to the policy to reflect this.

There was a plan in place for responding to major incidents likely to cause death or injury, serious disruption to essential services and damage to property.

A serious incident review in the management of the COVID-19 outbreak had been completed by the registered provider which identified the learning and informed the contingency planning for potential outbreaks in the future.

Judgment: Substantially compliant

## Regulation 27: Infection control

Although a number of infection prevention and control measures had been implemented further improvements were required to ensure consistency with national standards.

Training records confirmed that 100% of relevant staff were up to date with infection prevention and control training which included hand hygiene, appropriate use of personal protective equipment, standard precautions and control measures to prevent transmission of COVID-19.

The Health Service Executive (HSE) acute services' infection prevention and control team had undertaken infection prevention and control audits at the centre in May 2020 and a quality improvement plan had been implemented. The centre had a planned auditing schedule in place which included hand hygiene, environment, equipment, linen and waste. Repeat audits undertaken in July and August 2020 showed that associated action plans had been implemented to address issues identified however inspectors found that responsible persons, time frames and completion of actions were not always clear making it difficult to keep track of progress. The provider produced an up to date action plan following the inspection.

The observations made by inspectors showed staff followed good hand hygiene techniques using alcohol hand gel. Furthermore staff adherence to 'Bare Below Elbow' initiatives (ensuring hands and forearms are free of jewellery, sleeves are above the elbow, nails are natural, short and unvarnished and skin is intact) was evident in most cases. Hand hygiene and PPE advisory posters were displayed and alcohol hand rub gel was available throughout. Face protection masks were worn by



all health care workers at the time of this inspection.

Isolation precautions were observed during this inspection and signage to communicate isolation precautions were in place. The centre had completed an internal investigation into the COVID-19 outbreak at the centre in March and April 2020 and a draft report reviewed by inspectors showed that learning and recommendations following the outbreak were identified.

Overall the general environment and residents' bedrooms, communal areas, toilets and bathrooms, and sluice facilities inspected appeared clean. Daily cleaning checklists for resident rooms (environment and equipment) were up to date. Flushing regimes in relation to water systems were in place. Segregation of clinical risk and non-risk waste was evident and foot operated bins were available; labelling of some bins were required. Colour-coded linen skips and alginate (dissolvable) bags were available also.

The centre had a documented pre-planned programme for curtain cleaning and a cleaning schedule for patient equipment was in place for example for commodes, wheelchairs and hoists. A sample of items inspected appeared clean. However not all items of equipment were included for example raised toilet seats and medicine trolleys and some were stained; therefore a review of cleaning schedules was required to ensure alignment with recommended national minimum cleaning frequencies.

A laundry facility visited had restricted access and showed separation of dirty and clean activities with unidirectional flow. However clean items from an outsourced laundry provider were inappropriately stored in the dirty area. This process required review.

This inspection identified additional opportunities for further improvement in relation to the following:

- management and reprocessing of reusable spray bottles for cleaning products.
- maintenance and storage of cleaning equipment and storage of clean supplies in the kitchen housekeeping room and the laundry.
- quality of finishes, flooring, shelving and cupboards in some areas in both ancillary rooms as effective cleaning was not facilitated; the back-splash of a janitorial sink in the housekeeping room needed to be replaced.
- the design of clinical hand wash sinks inspected were not compliant with relevant guidance.
- access to hand hygiene sinks was restricted and hand hygiene soap and PPE was not readily accessible in some ancillary facilities.
- quality of finishes on furnishings such as lockers and wardrobes and soft furnishings such as armchairs in some areas did not support effective cleaning.

Inspectors also found that oversight arrangements in relation to externally contracted agencies did not include appropriate consideration of infection prevention

and control measures for example:

- The provider was in the process of renewing contracts in relation to laundry equipment however it was not clear that the decision would be informed by infection prevention and control advice.
- It was not evident that infection prevention and control advice was sought prior to commencement of an internal building project at the centre.
- An up to date Legionella risk assessment had not been performed.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

The centre had a computerised care planning system. Residents had a comprehensive nursing assessment completed on admission and person-centred care plans were developed which were informed by validated risk assessments. Care plans were reviewed at least four monthly or sooner, if residents' needs changed.

Clinical risks such as malnutrition, falls and skin integrity were assessed and appropriate care plans put in place to mitigate the risks. Residents identified at risk of malnutrition or impaired skin integrity were provided with pressure relieving mattresses and cushions and appropriate dietary supplements. Inspectors followed up on the care planning arrangements for a resident with a wound and found that appropriate assessments, reviews and referrals were conducted in line with evidence-based practice. Additional input from tissue viability nurse was reflected in the care plan.

Residents wishes were identified and documented to inform advanced care planning and end of life care.

There was evidence that residents were involved in formulating their care plans or their relatives were consulted where appropriate.

Staff were aware of the atypical presentation of COVID-19, and residents were monitored for symptoms on an ongoing basis.

Judgment: Compliant

### Regulation 6: Health care

Residents had access to medical and allied health care services. Residents' general practitioners (GPs) made site visits on a regular basis. The in house physiotherapy service was due to fully resume by the end of the month and in the interim the physiotherapist had visited the centre on a referral and was available to

provide specialist advice if required.

There was evidence that nurses engaged in continuous professional development, completed medication management courses and were informed of current best practice in relation to infection prevention and control as well as the management of residents with suspected or confirmed COVID-19. The action plan from the last inspection in respect of administering medication outside the two hour timeframe as per nursing guidelines had been addressed, and all vital observations were recorded at least twice daily in residents' individual care records.

Residents had access to Old Age Psychiatry Services, gerontologist and additional expertise such as diabetic specialists, occupational therapist, chiropody and dietetic services.

Judgment: Compliant

## Regulation 8: Protection

There was an up to date policy on safeguarding vulnerable adults, and staff who spoke with the inspectors were able to describe various scenarios of how they would respond to allegations or incidents of suspected abuse. Staff who spoke with the inspectors confirmed that they had attended training and they were familiar with the Safeguarding Policy and procedures. Safeguarding incidents had been appropriately reported and investigated.

Inspectors found that most staff had completed safeguarding training with further dates scheduled in the coming weeks. Safeguarding also formed part of the induction training for new staff.

The registered provider provided access to independent advocacy services and this information had been appropriately communicated to all the residents and relatives.

The provider acted as a pension-agent for a small number of residents and a separate residents' account had been created for this purpose. The inspectors reviewed a sample of records for the management of residents' petty cash and found that they were appropriately maintained by the administrator, records of all transactions were clear and residents could access their funds when required.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Dealgan House Nursing Home OSV-0000130

Inspection ID: MON-0030341

Date of inspection: 08/09/2020

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: The PIC and ADON now ensure that rosters are adjusted to include unexpected and other changes that take place. Their own extended supervision times are also shown on the rosters. This has been implemented/completed 08/09/2020.</p> <p>A new system of recording building or equipment faults, how and when they were addressed and incorporating a sign off by the maintenance personnel has been designed and is operational. This action has been completed 25/09/2020.</p> <p>Fire Safety checks are now up to date and the RPR supervises to ensure this remains so. This action has been completed 11/09/2020.</p> <p>The HR Manager is aware that references, Garda Clearance and pre-employment medicals are a requirement prior to an employee commencing work and that they must be included in the staff member's file. RPR carries out monthly audits of staff files to ensure that all required records are included. This action is completed 11/09/2020.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: A third Director, one of the founders of the Nursing Home will be available to support and strengthen the Management Team.</p> <p>It was mentioned above that a new maintenance record keeping system had been introduced. The RPR is now monitoring and signing the maintenance records on a weekly</p>	

basis. This has been implemented 25/09/2020.

The issue of risk management and its supervision is addressed under Regulation 26. When the Risk Register is complete, it will be presented to a Board meeting for the attention of Directors. Risk is now a standing agenda item for Board meetings and any changes to the risk register will be presented to the Board by the CEO at its quarterly meetings. Implementation at next board meeting by 15/11/2020.

Regulation 26: Risk management

Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:

We have contacted the company which supports and audits our Risk Management system. They have not attended the Nursing Home this calendar year due to the Covid 19 outbreak and remain reluctant to visit. We will be reviewing alternative arrangements if this is not resolved by the end of October 2020. In the meantime, we are ourselves carrying out risk assessments and compiling a risk register using a revised system which includes the documentation of mitigation strategies and their implementation, signed and dated. This work will be completed by the 30/11/2020.

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

The Infection Control Policy has been revised and is consistent with the National Standards on Infection Control. Completed 09/09/2020.

New laundry equipment has been ordered and the layout of the laundry redesigned to facilitate better infection control. Required plumbing works have been completed and the new equipment will be installed before the 31/10/2020.

Overall responsibility for Infection Control lies with the PIC. Implemented 08/09/2020.

Legionella testing and Risk assessment has been carried out on 24/09/2020. Completed 24/09/2020

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Orange	25/09/2020
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Substantially Compliant	Yellow	15/11/2020
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service	Not Compliant	Orange	15/11/2020



	provided is safe, appropriate, consistent and effectively monitored.			
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	15/11/2020
Regulation 26(1)(c)(iii)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.	Substantially Compliant	Yellow	25/09/2020
Regulation 26(1)(c)(iv)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control aggression and violence.	Substantially Compliant	Yellow	25/09/2020
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated	Substantially Compliant	Yellow	31/10/2020

	infections published by the Authority are implemented by staff.			
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