



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

Name of designated centre:	Dromcollogher and District Respite Care Centre
Name of provider:	Dromcollogher & District Respite Care Centre Ltd
Address of centre:	Coolaboy, Dromcollogher, Limerick
Type of inspection:	Unannounced
Date of inspection:	19 September 2018
Centre ID:	OSV-0000415
Fieldwork ID:	MON-0022287

## About the designated centre

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

Dromcollogher and District Respite Care Centre is a 20-bedded facility that provides short-term care to people that are mainly over the age of 65 years of age. It is a single storey facility located in the village of Dromcollogher. The centre provides 24-hour nursing care, predominantly to residents that are admitted from home and return to home following their stay.

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

Number of residents on the date of inspection:	17
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## How we inspect

To prepare for this inspection the inspector or 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
19 September 2018	10:15hrs to 17:00hrs	John Greaney	Lead
20 September 2018	09:15hrs to 13:30hrs	John Greaney	Lead

## Views of people who use the service

The inspector met and spoke with a number of residents throughout the inspection. Feedback from residents was overwhelmingly positive and complimentary of the care provided. Residents stated that staff were kind and considerate. They stated that if they had any concerns they could speak to the person in charge or to any member of staff. Residents were happy with the programme of activities and stated that they were kept occupied throughout their stay.

## Capacity and capability

There were effective governance arrangements in place to support the provision of care to a good standard and to enable positive outcomes for residents. There was a clearly defined management structure with identified lines of accountability and responsibility for the service. There was a commitment to provide quality care that was person centred and promoted independence. On the days of the inspection changes were imminent in relation to the role of person in charge and adequate succession arrangements had been put in place for the management of the centre in the interim.

There were systems in place to monitor the quality and safety of care delivered to residents and to implement improvements, where required. There was an established programme of audits, with a number of audits being conducted each month. The results of these were then discussed at quality improvement meetings that were attended by the registered provider representative, the person in charge, staff nurses and administrative staff. There were also regular resident and family satisfaction surveys, the results of which were also discussed at quality improvement meetings.

Staffing levels were kept under review and there were adequate numbers and skill mix of staff to meet the nursing and care needs of residents. There was a comprehensive educational programme to enable staff provide evidence based care to residents. In addition to mandatory training, staff were facilitated to attend training in dementia care, hand hygiene, end of life care, advocacy, cardiopulmonary resuscitation and medication management.

The atmosphere in the centre was friendly and relaxed and staff engaged with residents and visitors in a respectful manner. The inspector observed that the care and support given to residents was relaxed and unhurried. Assistance was given discreetly, when needed, and staff demonstrated good communication strategies to

residents with complex communication needs.

### Regulation 14: Persons in charge

The person in charge had submitted her resignation and was due to cease working in the centre on the week of this inspection. A staff nurse had agreed to assume the role of person in charge during the recruitment process. The new person in charge was a registered nurse with the appropriate qualifications and experience to the role and responsibilities of person in charge. She was engaged in the governance, operational management and administration of the service. She was knowledgeable regarding her responsibilities identified in the regulations and standards.

Judgment: Compliant

### Regulation 15: Staffing

There were adequate numbers and skill mix of staff to meet the needs of residents.

Judgment: Compliant

### Regulation 16: Training and staff development

There was a comprehensive programme of training and all staff had attended mandatory training in safeguarding residents from abuse, manual and people handling, fire safety and responsive behaviour.

Judgment: Compliant

### Regulation 21: Records

Records were stored securely and were easily retrievable. A sample of staff files contained all of the information required by the regulations such a full employment history, a Garda vetting disclosure, photographic identification and two written references, one of which was from the person's most recent employer.

Judgment: Compliant

<b>Regulation 22: Insurance</b>
A certificate of insurance was available demonstrating compliance with the regulations.
Judgment: Compliant
<b>Regulation 23: Governance and management</b>
There was a comprehensive programme of audits and associated action plans to address any required improvements identified through the audit process. There were regular management meetings and the agenda included the results of audits.  The annual review was available and this was completed in accordance with the national standards. Resident' surveys were completed on a regular basis and residents' meetings were held frequently.
Judgment: Compliant
<b>Regulation 24: Contract for the provision of services</b>
There was a written contract of care that included details of the fees to be charged and terms and conditions in relation to bedroom occupancy.
Judgment: Compliant
<b>Regulation 3: Statement of purpose</b>
There was a written Statement of Purpose that addressed all of the items contained in Schedule 1 of the regulations.
Judgment: Compliant
<b>Regulation 31: Notification of incidents</b>

A review of documentation, including the accident and incident log, indicated that notifications were submitted to HIQA as required.

Judgment: Compliant

### Regulation 34: Complaints procedure

There were adequate procedures in place for the management of complaints. There was a notice on display outlining, for residents and visitors, the procedure for making complaints. The complaints log indicated that complaints were recorded and addressed. Residents spoken with stated that they would have no problem in approaching staff to make a complaint should the need arise.

Judgment: Compliant

### Quality and safety

Overall, residents received a good standard of care. There was good access to medical and allied healthcare services in accordance with the assessed needs of residents. It was clear to the inspector that residents were treated with respect and staff knew each resident's individual preferences. Some improvements were required in relation to the design and layout of the premises.

Residents were admitted for a period of respite, which was usually for one to three weeks, but in exceptional circumstances this could be extended, based on human need. Residents received a comprehensive assessment by an admissions nurse on their first admission to the centre. On each subsequent admission this assessment was reviewed and updated according to any changes in the resident's status. Care plans were then developed and these were seen to be personalised and provided good guidance to staff on the care to be delivered. Some care plans required further review, as they did not all incorporate care for all issues identified on assessment. Additionally, some assessments contained conflicting information, as they contained details of assessments from previous admissions which may now be invalid due to a change in the resident's condition. There was also a need to ensure that staff adhered to the outcome of risk assessments in relation to the use of bedrails.

There were adequate procedures in place in relation to risk management and many of the risks identified on the most recent inspection had been satisfactorily addressed. The design and layout of the premises was adequate for the needs of residents spending short periods of time in the centre. It was identified on the previous inspection that the laundry facilities were unsuitable. Plans were at an advanced stage to remedy this deficit but the construction of a new laundry had not



yet commenced.

There were procedures in place for fire safety and staff were knowledgeable of what to do in the event of a fire. The inspector requested the provider to complete a risk assessment of one area of the centre, to ascertain if improvements were required from a fire safety perspective and to ensure all residents in the centre could be evacuated in a timely manner in the event of a fire.

### Regulation 11: Visits

The inspector observed that visitors, family and friends were welcomed into the centre. There were no restrictions in place for visiting. Family visitors gave positive feedback regarding the welcome they received and the access to staff.

Judgment: Compliant

### Regulation 17: Premises

Overall the design and layout of the centre was adequate to meet the needs of the residents accommodated in the centre. The centre was generally bright and clean throughout and kept in a good state of repair. The sitting room was bright and had adequate seating for residents. There were adequate dining facilities and all residents had their meals in the dining room. The interior of the centre was decorated in a tasteful manner. The reception area, dining room, sitting room, other communal areas and bedrooms were generally homely. A variety of comfortable seating was provided in the day rooms and in the entrance area. Small (but adequate for respite/short stay) personal storage cupboards were provided to residents in their bedrooms. In shared rooms, screening curtains were available to ensure privacy.

A bath had been installed following the previous inspection but this was rarely used. It was identified on the previous inspection that the design and layout of the laundry was not suitable for its stated purpose and did not adequately allow for the separation of clean and dirty linen. Plans were in place for a new laundry facility but this had not yet commenced.

Judgment: Not compliant

### Regulation 26: Risk management

A number of issues had been addressed in relation to risk management since the

last inspection. A keypad had been applied to the entrance for security purposes and to control access. The seating in the smoking room had been changed to ensure that it was fire retardant. Coded locks had also been applied to the staff changing room, the kitchen and to the nurses office. Devices had been applied to windows to restrict opening, however, one of these was broken on the day of the inspection. A cabinet had been installed to store latex gloves and plastic aprons to minimise the risk of choking posed by these items to residents with a cognitive impairment. Additional slings had been purchased for use with hoists to minimise the risk of cross contamination posed by the communal use of slings.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

All existing staff had attended annual training in fire safety and new staff had been oriented to fire safety practices as a component of their induction. Staff were knowledgeable of the procedure to be followed in the event of a fire. Fire drills were conducted regularly and the process involved the simulated evacuation of residents using various scenarios, including a scenario that reflected night time staffing levels.

Fire safety equipment was serviced annually and the fire alarm was serviced quarterly. While safety checks involved a review of emergency lighting, this did not include quarterly tests, as recommended in relevant guidance.

One of the single bedrooms was located in an area close to the dining room and kitchen and could only be accessed by going through the dining room. There was an emergency exit immediately outside the room that would support the resident to exit the building in the event of a fire. This door, however, did not allow for access to the bedroom from the outside. Due to the remote location of the bedroom from other bedrooms, its proximity to the kitchen and the inaccessibility of the bedroom other than through the dining room, the provider was requested to have a fire safety risk assessment of the bedroom completed by a suitably qualified person.

There was inadequate signage placed at suitable intervals to identify for residents, visitors and staff where the nearest emergency exit and the nearest place of relative safety within the centre.

Judgment: Not compliant

### Regulation 29: Medicines and pharmaceutical services

Medication management practices observed by the inspector were in compliance

with recommended guidance. All residents brought their own medications to the centre on admission and these were correlated with prescriptions to ensure they were correct. A review of prescriptions and medication administration records contained all the required information. A small number, however, did not have the maximum dosage to be administered in 24-hours for PRN (as required) medications.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Residents are comprehensively assessed on their first admission to the centre using validated assessment tools. On subsequent admissions these assessments are reviewed and updated. Care plans are developed following these assessments and these were seen to be person-centred and individualised. A review of care plans was required to ensure that all issues identified on assessment were included in the care plans.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents had timely access to medical services. Residents usually retained the services of their own GP and there was evidence of review. Access to other services such as speech and language therapy and dietetic services was also facilitated.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

None of the residents living in the centre presented with responsive behaviour. Staff were knowledgeable of the various communication needs of residents and interacted with residents in an appropriate and caring manner. Staff were facilitated to attend training in responsive behaviour. The only form of restraint in use were bedrails. Risk assessments were completed prior to the use of bedrails and there were safety checks while bedrails were in place. The person in charge was advised to complete a new risk assessment template whenever there was a change in a resident's status resulting in an increase or decrease in risk, to ensure that there was no confusion in relation to whether or not bedrails should be in place. The consent form for the use of bedrails was signed on occasion by relatives on behalf of residents, which is not appropriate practice. Also, bedrails were in place for one resident, even though the

risk assessment indicated that bedrails should not be used.

Judgment: Not compliant

### Regulation 8: Protection

Staff had completed appropriate training in protection. All relevant documentation in accordance with Schedule 2 relating to staff was in place to protect residents. There were adequate records in place in relation to residents' finances. Observations on inspection demonstrated that staff were respectful and kind and this was supported by feedback from residents.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents had good access to facilities and recreation and their right to decline or participate in activities was respected. Residents had access to advocacy services and meetings were held regularly to obtain feedback.

Screening was provided in multi-occupancy bedrooms to protect the residents privacy. Staff were observed communicating appropriately with residents who were cognitively impaired, as well as those who did not have a cognitive impairment.

Judgment: Compliant

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Dromcollogher and District Respite Care Centre OSV-0000415

Inspection ID: MON-0022287

Date of inspection: 20/09/2018

## 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 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:            The provider has received funding for a new laundry facility. Planning permission must be applied for and this was submitted on 22/10/18. We hope to commence building works to construct a new laundry facility during our Christmas closure period 21/12/18-02/01/19 on granting of planning permission.</p>	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:            Our maintenance contractor repaired the broken window device on 21/09/18. All window devices were inspected on 21/09/18. All faults are recorded in the maintenance folder and are addressed immediately where possible.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:            A full emergency lighting inspection was carried out on 26/09/18 by our fire safety contractors. An emergency lighting agreement was agreed and going forward, the emergency lighting will be inspected quarterly as per relevant guidelines.            Regarding the single bedroom, a risk assessment was carried out by our fire safety contractors who recommended that a lock be placed on the outside on the emergency exit door to allow for access from the outside. This lock was placed on the outside of the door on 27/09/18. Also recommended was that the window in the single bedroom be replaced with double emergency fire exit doors. Planning permission is required for these</p>	

works, which was submitted on 22/10/18. Awaiting granting of same. Once planning permission has been granted, the provider proposes to have these works carried out during our Christmas closure 21/12/18-02-01-19. Emergency exit signage has now been placed throughout the building showing nearest primary and secondary exit routes for residents, staff and visitors. This signage was put in place on 11/10/18.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:  
 The Person in Charge reviewed our Drug Kardex 21/09/18. Our new Drug Kardex on order from our printers will now have a dedicated column where the resident's General Practitioner will now record the maximum dosage of PRN medication to be administered in a 24-hour period. Where it is noted on current Drug kardex's that the maximum dosage of PRN is not recorded we rectify same with our local General Practitioners who provide an on-call service to the centre.

Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:  
 On our care plans, we had omitted one of the Activities of Daily Living. This was an oversight on the part of the Provider. We have now addressed this issue. The missing information was ordered from our printers on 24/09/18 and is included in all our care plans that are currently in use. Our new order for Care plan booklets will include the omitted information going forward.

Regulation 7: Managing behaviour that is challenging	Not Compliant
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Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:  
 From 21/09/18 on every new or returning admission, a new risk assessment is completed regarding the use of bedrails. Relatives no longer sign consent on behalf of the resident in relation to the use of bedrails. In cases where the resident has a diagnosis of cognitive impairment, a clinical decision can be made by two staff nurses and signed by both nurses. In the event of one staff nurse on duty, both staff nurse and healthcare assistant can make this decision. Our policy reflects this practice.



## 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).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Yellow	02/01/2019
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	21/09/2018
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	30/11/2018
Regulation	The registered	Not Compliant	Orange	02/01/2019

28(2)(iv)	provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.			
Regulation 29(5)	The person in charge shall ensure that all medicinal products are 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.	Substantially Compliant	Yellow	21/09/2018
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	24/09/2018
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance	Not Compliant	Orange	06/11/2018

	with national policy as published on the website of the Department of Health from time to time.			
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