Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Dargle Valley Nursing Home
Centre ID:	ORG-0000031
Centre address:	Cookstown, Enniskerry, Wicklow.
Telephone number:	01 286 1896 / 01 286 0770
Email address:	darglevalleynh@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Bluebell Care Limited
Provider Nominee:	Deirdre MacDonnell
Person in charge:	Deirdre MacDonnell
Lead inspector:	Linda Moore
Support inspector(s):	Marian Delaney Hynes, & Carol Grogan for days 3,4,5 & 6
Type of inspection	Unannounced
Number of residents on the date of inspection:	30
Number of vacancies on the date of inspection:	30

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 judgements 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.

Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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

The inspection took place over the following dates and times

From:	To:
12 November 2013 18:50	12 November 2013 20:00
13 November 2013 07:40	13 November 2013 19:00
14 November 2013 11:30	14 November 2013 22:00
15 November 2013 17:10	15 November 2013 20:00
17 November 2013 18:10	17 November 2013 19:30
27 November 2013 07:45	27 November 2013 14:30

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

Outcome 01: Statement of Purpose
Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 15: Food and Nutrition
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This monitoring inspection was unannounced and took place over six days due the serious concerns identified on the inspection. The inspectors also followed up on the 16 actions required from the previous inspection. The inspectors were not satisfied that there had been sufficient progress made on these actions and in addition identified serious and significant concerns during the course of this inspection. These concerns related to:

- inadequate clinical governance and oversight
- lack of response to clinical issues such as falls and nutrition management
- inadequate numbers of registered nurses on day and night duty
- poor manual handling practices posing a risk of injury to residents
- significant healthcare issues.

The provider was required to take immediate action to address these risks to residents health, safety and welfare and bring the centre back into compliance with the Health Act 2007, as amended and with Regulations made there under, specifically the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009, as amended. In addition and due to the significant and serious concerns, the provider attended a meeting in the Authority's office on 19 November 2013, where Ms McDonnell (on behalf of the registered provider) was issued with an Improvement Notice requiring the registered provider to give the Chief Inspector written confirmation of six specific undertakings. The registered provider was also required to address 18 actions outlined in the Schedule to the Improvement Notice within a seven day time frame.

The inspectors found that the provider had put in place systems to address the actions as outlined in the Improvement Notice on 27 November 2013. The registered provider has fully completed eight actions, three actions were partially completed but substantial progress has been made and while the provider had endeavoured to address the areas of medication management, manual handling and risk management these actions were not completed.

The inspectors found on 27 November 2013, that the registered provider had engaged the services of an Assistant Director of Nursing (ADON) for the period of one month while recruiting a full-time person in charge. The inspectors were satisfied that with this ADON, there was evidence of improvement governance in the centre. The registered provider had also engaged the services of a consultant who was in the process of assisting the staff to update the policies in the centre and provide training to all staff on these policies.

Further improvements are required in risk management, manual handling practices, medication management which are discuss in the body of the report and detailed in the Action Plan at the end of the report.

Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose
There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

Judgement:
Compliant

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

Findings:
Prior to this inspection the registered provider had updated the statement of purpose. However, it still did not fully comply with the Regulations and associated schedule. This was one of the actions listed in the Improvement Notice issued on 19 November 2013. The inspectors reviewed the statement of purpose on 27 November 2013 and found that it now contained all information as required.

Outcome 03: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

Judgement:
Non Compliant - Minor

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

Findings:
The nominated person on behalf of the provider was also the person in charge. She was a registered nurse and worked full-time in the centre. While, the person in charge was in the centre on a daily basis the inspectors found that there was insufficient governance and leadership displayed by her in key clinical areas such as risk management, medication management, nutrition and weight loss and supervision, all of which will be

discussed in more detail under their related outcomes. The inspectors were not satisfied that the person in charge was sufficiently knowledgeable regarding the provisions of the Regulations and the Authority's Standards and her obligations thereunder. Arising from the Improvement Notice, the registered provider was required to give written confirmation that there would be improved governance in place in the form of a Clinical Nurse Manager.

On 27 November 2013, the inspectors found that the registered provider had in place an ADON, who demonstrated both leadership and accountability for the provision of care to the residents. The provider informed the inspectors that this ADON would be in place for one month while they recruited a new person in charge.

Outcome 04: Records and documentation to be kept at a designated centre
The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 2009 (as amended).

Theme:
Leadership, Governance and Management

Judgement:
Compliant

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

Findings:
Following on from the inspection on 30 April 2013, the provider was required to put in place all of the written and operational policies listed in Schedule 5 of the Regulations. In the action plan response to this inspection, the registered provider indicated that these polices had been in place previously and were amended to guide practices. The policies specifically referred to by the provider included communication, restrains, behaviour management, complaints, medication management, risk management and end of life care. The completion date was given as 9 July and 16 August 2013 respectively.

The inspectors reviewed these policies on 12, 13, 14, 15 and 17 November 2013, where it was noted that the provider had failed to implement the action as described above within the required time frame.

Arising from the Improvement Notice, the registered provider was required to address this action within a seven day time frame. On 27 November 2013, the inspectors found that all the written and operational policies listed in Schedule 5 of the Regulations were

now in place with training place to take place on their implementation on 29 November 2013.

Outcome 06: 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.

Theme:
Safe Care and Support

Judgement:
Compliant

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

Findings:
While not all staff had received formal training or education on identifying or responding to allegations, the inspector found that those staff spoken to were knowledgeable about what constituted elder abuse and what they would do if they suspected that a residents was at risk of harm or abuse.

There was a policy in place which provided guidance to staff on how to respond to allegations of abuse or harm. This had been revised since the previous inspection and was found to comply with the Regulations.

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe Care and Support

Judgement:
Non Compliant - Moderate

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

Findings:
Following on from the inspection on 30 April 2013, the provider was required to put in place a comprehensive risk management policy and implement this throughout the centre. In addition the provider was required to take all reasonable measures to prevent accidents to any person in the designated centre and in the ground of the designated centre. In the action plan response, the registered provider stated that review for the

identification and management of risk would be completed by 16 August 2013 and radiator covers would be fitted by 15 July 2013. The provider also notified the Chief Inspector that manual handling training and reviews were completed by 25 July 2013, that bed rails were checked daily and a system was in place to monitor their use. These actions were included in the Improvement Notice issued on 19 November 2013.

On 12, 13, 14, 15 and 17 November 2013, it was noted that the provider had failed to implement the action as described above within the required time frame.

In addition, the inspectors found:
• Over the first three days of the inspection that some bedroom doors were wedged open, this was addressed throughout the rest of the inspection.
• Inspectors found that a number of residents did not have access to a functioning call bell and it was noted that one resident did not have their call bell within reach should they require it. This was addressed on 27 November 2013.
• Inspectors were concerned regarding infection control practices. For example, on the second day of the inspection that there were no gloves available in close proximity to the room of a resident who had an infection; a urinal was noticed on the bed table of another resident. These issues were addressed by the third day of the inspection.
• Since the previous inspection the provider had addressed the temperature of the hot water and the radiator in the day room. However, the remainder of the radiators in the centre still posed a risk to the residents. An inspector observed that radiator covers were delivered to the centre on 15 November 2013, and were fully fitted by 27 November 2013.
• The inspectors observed very poor manual handling practices that could pose risk to residents. While there were two hoists available in the centre, the staff continued to use only one hoist and sling. This action was not fully addressed by 27 November 2013. All residents had been reassessed and appropriate manual handling procedures were in place to guide staff. However, staff were observed to continue to employ poor practices. The provider informed inspectors that additional slings were on order.
• The provider had put systems in place to reduce the use of bed rails, with only three residents using bed rails as a form of restraint. However, the current bed rails in place continued to be loose and could pose a risk of injury. The provider informed inspectors that special clamps were ordered.

On 27 November 2013, the inspectors found that there was a comprehensive risk management policy and risk register developed which had yet to be implemented throughout the centre. The consultant employed by the provider had yet to provide training to all staff including the provider on this policy.

Inspectors reviewed the fire records and found that the fire equipment and alarms were serviced since the inspection in 2013. While there was an emergency plan, staff were not familiar with it and it could not be located during the inspection. Fire training was delivered to 21 staff on 22 November 2013, with additional training scheduled for 4 December 2013.

Outcome 08: Medication Management
Each resident is protected by the designated centres policies and procedures for

medication management.

Theme:
Safe Care and Support

Judgement:
Non Compliant - Major

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

Findings:
Following on from the inspection on 30 April 2013, the provider was required to put in place appropriate and suitable practices and written policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and practices. In the action plan response the registered provider stated that that training would be provided on 15 May 2013 and audits would be carried out in nurse competencies by 31 July 2013.

At this inspection, it was noted that the provider had failed to implement the action as described above within the required time frame. This action was included in the Improvement Notice issued on 19 November 2013.

Inspectors found that the medication management practices were still unsafe and not in accordance with professional guidelines. Inspectors identified a number of issues in relation to the safe administration of medication. Inspectors found that the medication trolley door was broken and was not lockable therefore medication was accessible to all residents and placed them at risk. The provider confirmed this was broken for over one week. This was addressed on the third day of the inspection.

Over the first three days, inspectors were concerned that staff did not adhere to procedures for the safe administration of medication. For example, on three occasions inspectors observed the medication trolley unsecured on a corridor for brief periods of time during the medication administration round. This matter was brought to the attention of the provider and was still observed throughout the inspection. This was also found on 27 November 2013. It was also found that the nurse administering the medications signed for each medication before administering it to the resident. The inspectors were concerned at the length of time the morning medication round took. The nurse was still administering morning medications at 12 midday which could interfere with the therapeutic levels of these medications for residents. This resulted in one resident not receiving their 12 midday medications as they had only been administered their 8am medications at 11.45am.

There were two medication management policies in place, and staff did not know which policy was the policy in use.

Medications that required special control measures (MDA) were carefully managed and

kept in a secure location. Nurses maintained a register of controlled drugs. Balances were checked and were correct. Inspectors found that on the morning of 20 April 2013, these medications had not been signed by two nurses. This practice contravened the centres medication management policy and was identified on the previous inspection and by the pharmacist in May 2013.

There had been nine medication errors since the previous inspection. A number of these errors related to the omission of medication. There was no evidence that these incidents had been investigated or that the residents were reviewed by the GP.

The pharmacist had completed an audit of medication in May 2013 and there were a number of areas for improvement. These included the omission of anti epileptic medications and controlled medications. There was no evidence that any action was taken to learn from this audit.

On 27 November 2013, inspectors found that four nurses had received training and the pharmacist was on site to conduct a medication audit. The provider has also undertaken competency assessments with five staff.

Outcome 09: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Care and Support

Judgement:
Compliant

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

Findings:
During the inspection process inspectors noted that a serious injury and two pressure ulcers had not been notified to the Authority within the required timeframe. The provider said that she was aware of the requirement to notify the Authority of these incidents within the three days but she was not fully aware of the wounds in the centre and there had not been any incident report completed for the fall resulting in the serious injury. This was addressed on 27 November 2013.

Outcome 11: Health and Social Care Needs
Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents 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

Judgement:
Non Compliant - Moderate

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

Findings:
Following on from the inspection on 30 April 2013, the person in charge was required to provide a high standard of evidence-based nursing care in relation to falls and restraint management. In the action plan response the registered provider sated that there was a policy in place to guide staff on the management of falls. The registered provider further stated that practices related to the management of falls would include post fall observations, audits, recording of incidents, staff training would be provided and falls care plans would be reviewed. The completion date for these actions was given as 11 July 2013. In addition, the person in charge was required to ensure that each resident had their needs set out in an individual care plan developed and agreed with the resident. In the action plan response the registered provider indicated that all care plans would be reviewed with a completion date of 30 June 2013. An activities care plan would be developed by 10 September 2013.

In relation to restraint, the registered provider indicated that the person in charge would review and improve the policy, and a work shop would be held with staff. The completion date for this was given as 29 July 2013. During the course of the first 5 days of the inspection, it was noted that the provider had failed to implement the action as described above within the required time frame. These actions were included in the Improvement Notice issued on 19 November 2013.

Inspectors were so concerned with the provision of clinical care to residents that the provider was issued with an immediate action plan on day three of the inspection. These included falls management, restraint and nutrition management, wound care and continence management. The inspectors found improvements had been made in nearly all areas on 27 November 2013.

Falls Management
While the provider had failed to put adequate systems in place to manage residents who were at risk of falls, for example, neurological observations were still not routinely recorded following head injuries, they made some improvements during the course of the inspection.

While residents at risk of falls had care plans in place these were not guiding practice. A review of incident and accident forms and daily nursing notes indicated that one resident

had 16 falls between 31 October 2013 and 9 November 2013. While it had been identified that this resident was drowsy following his return from another hospital, no new measures were put in place to monitor his risk of falls. On day three of the inspection, a low low bed was in place with a crash mat and mattress alarm. In addition the residents' GP was not notified where residents had sustained an injury. It was found on the fourth day of the inspection that post falls observations and diaries were put in place.

Care Planning
Inspectors reviewed a sample of residents' care plans and were not satisfied that they had been sufficiently updated to guide practice. Assessments were being carried out to identify residents' health needs. However, some assessments including activities of living and moving and handling assessment were not up to date to reflect residents' current needs and repeated when there was a change in the condition of the resident. On 27 November 2013, a new care planning and documentation system was in the process of being introduced. Moving and handling assessments had been completed for all residents but as discussed previously these were not being used to guide practice in all cases.

Restraint
Inspectors found that the provider had not ensured that adequate measures had been taken to ensure that the use of restraint was appropriately managed in the centre for example:
• There was an inappropriate use of restraint as a means of preventing residents from falling.
• Restraint was used when deemed to be unsafe for a resident.
• The assessment process for the use of restraint did not include the alternative interventions tried.
• There were no care plans in place for some residents when restraint was in use.
• Risks such as entrapment had not been assessed. As previously stated some of the bedrails were very poorly fitted.

On 27 November 2013, there had been a significant reduction in the use of restraint. A new bed rail assessment had been introduced and this included the alternative interventions tried and the risk associated with the use of bed rails. However, further improvements were required to assess for other means of restraint such as lap belts.

Wound Care
While there was a low incidence of wounds in the centre, inspectors found that wound assessments and charts had not been comprehensively completed. For example, inspectors read the wound care regime for one resident and noted that the frequency of the wound dressing was not stated. Records indicated that a resident wound was observed on 6 November 2013 but had not been dressed until 11 November 2013. The provider was unable to confirm whether or not this was an error of documentation or in fact the wound had not been dressed as required. Improvements were noted in the documentation of wounds on 27 November 2013.

Nutrition and Weight Loss
Inspectors found that residents weights were not routinely checked which resulted in

inconsistent management of weight loss. Inspectors found that there no place in place to address weight loss as part of the overall care for residents. For example while one resident had been referred to their GP, there was no evidence that other referrals or advice had been sought for other residents at risk. While some improvements were noted on 27 November 2013, in that residents were being weighed on a weekly basis, inconsistencies in the recording of the weights were not being managed due to the practice of recorded the weights on three different sheets. The inspectors found that five residents most at risk had been assessed by a dietician and a MUST assessment had been completed for all residents. Inspectors also read the mealtime plan in place for residents with Dysphagia and found it included consistency of diet, positioning, likes and dislikes.

Inspectors were concerned that there was no improvement in the availability of suitable and sufficient activities for all residents particularly those with a cognitive impairment. Many residents said they were bored and had nothing to do that specifically suited their interests. The only activity available to residents during the inspection was a music session on the first day of the inspection and a quiz on the second day. Staff said they did not have the time to spend talking with residents.

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. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Care and Support

Judgement:
Non Compliant - Moderate

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

Findings:
Overall the centre was homely; however, there was an unpleasant lingering odour in parts of the premises over the first three days, this was addressed throughout the rest of the inspection. The carpets in the day room continued to be heavily stained in parts.

There were two assisted bathroom available in the centre, which contained a walk in shower, a parker bath, an assisted toilet and two wash-hand basins. An additional shower room with toilet was installed since the previous inspection. Another bedroom has a walk in shower and there is a half bath in a resident's bedroom which is not used. Inspectors found that while all of the bedrooms had a toilet, 12 residents could not access the toilet in their en suite due to the size and many used a commode in their bedrooms.

There were inadequate staff changing facilities. While a room was allocated for all staff to use upstairs, the toilet on the ground floor was shared by all staff, residents and relatives.

Storage continued to be a challenge in the centre. Trolleys and linen skips continued to be stored in the bathroom and on the corridors when not in use. Inspectors observed boxes of resident personal equipment were stored on the internal stairs leading to the changing room.

Bedroom accommodation comprised 26 single rooms and two twin rooms. All the rooms had an en suite toilet and a wash-hand basin. The two twin rooms (12.8 sq meters) did not meet the Regulations and the Authority's Standards in that they were too small to meet the current needs of residents. There was still inadequate storage space for residents' personal belongings in these rooms. A residents were observed having difficulty walking around the bedroom due to the size and the number of pieces of equipment.

The kitchen was found to be well equipped and there was a food safety management system in place. However, inspectors observed staff entering the kitchen without the use of personal protective equipment.

There were inadequate sluicing arrangements, the bedpan washer was stored under the stairs in a walkway to the laundry and the staff changing rooms. Domestic staff showed inspectors that he filled mop buckets from the sink beside the sluice sink which may have an impact on infection control in the centre.

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

Judgement:
Non Compliant - Minor

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

Findings:
Inspectors found that improvements were required regarding the management of complaints. The complaints policy now included an independent person separate to the nominated person in Regulation 39 (5) to deal with complaints. However, there was a discrepancy in the policy, in that the senior nurse was referred to as the deputy person in charge and an independent person in the centre to review complaints. However, the

senior nurse verified she was not aware of this role.

Inspectors reviewed the complaints log and saw that one complaint was logged since the inspection. Each complaint was logged with the date, location, person who complained. Although there was evidence that complaints were responded to the complaints log did not sufficiently detail the level of satisfaction of the complainant.

Outcome 15: Food and Nutrition
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:
Person-centred care and support

Judgement:
Non Compliant - Moderate

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

Findings:
Following on from the inspection on 30 April 2013, the registered provider was required to ensure that each resident was provided with appropriate assistance when eating and drinking. In the action plan response the registered provider stated that the policy on nutrition had been reviewed. The completion date for this action was given as 14 August 2013. In addition the provider sated that staff had attended a training day on Nutrition and Management of Dysphasia on 21 May 2013 and 10 September 2013 respectively.

During the course of this inspection, inspectors were very concerned that residents were not receiving appropriate meals in the consistency required nor were residents receiving the assistance they required. This action was included in the Improvement Notice issued on 19 November 2013.

Inspector observed, residents who had a medical condition and swallowing difficulties, eating food of an inappropriate consistency and some residents were not sitting in an appropriate position when eating their meals. Residents were observed on many occasions to be seated in a semi recumbent position during the meal which placed them at risk of choking.

In addition where residents had been assessed by a speach and language therapist (SALT) their care plans had not been updated to reflect this. Residents' diet sheets being kept in the kitchen listed foods that were not suitable to meet the current special dietary requirements of some residents and were not in keeping with the recommendations by the speech and language therapist. Kitchen staff and staff who assisted residents with their meals were not aware of these residents' special dietary requirements.

During the first three days of the inspection, there was inadequate assistance of residents at meal times. Two residents were provided with meals but as they were unable to cut up the food and required assistance, their meals were cold, awaiting assistance. Inspectors alerted staff to residents who were unable to eat the meal provided without assistance or required their food cut up.

On 27 November 2013, significant improvements were noted in this area. Residents were observed receiving meals suitable for their assessed needs and in appropriate quantities. Meal plans had been devised for residents with Dysphia, which was available to the chef. The kitchen staff on duty and the care staff were knowledge regarding these meal plans. Dysphia training had been provided to 10 staff.

However, improvements were still required to ensure that all residents were positioned correctly prior to being assisted with their meals. In addition inspectors were not satisfied with the provision of fluids to residents. All residents were provided with small bottle of water, tea and soup during the day. However, there no jugs of water or alternative drinks available in the centre other than in the dinning room.

The inspectors observed staff assisting residents in a dignified manner, for example staff were seen sitting at the same level with residents and engaging in conversation with them during their meals. Many residents spoken to stated they enjoyed the food served to them.

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.

Theme:
Workforce

Judgement:
Non Compliant - Moderate

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

Findings:
Following on from the inspection on 30 April 2013, the person in charge was required to ensure that each staff member was provided with access to training and education to enable them to provide care in accordance with contemporary evidence-based practice. The registered provider stated that this action was ongoing.

The provider was also required to ensure that the number and skill mix of staff were appropriate to the assessed needs of residents and the size and layout of the designated centre. In the action plan response the registered provider stated that this action was complete and that further recruitment would be completed by 31 July 2013.

The provider was also required to ensure that recruitment practices were put in place and that no staff member was employed without the registered provider ensuring that they had obtained all documents as specified in Schedule 2. In the action plan response the registered provider stated that this action was complete and that further recruitment would be completed by 26 June 2013.

At this inspection it was noted that these actions were not addressed within the timeframe indicated. These actions were included in the Improvement Notice issued to the provider on 19 November 2013.

Inspectors found that the skill mix on day and night duty continued to be insufficient to ensure supervision of care given the size and layout of the designated centre. There was only one nurse rostered on day and night duty to administer medications, supervise care of residents and assume full responsibility for the service. An additional nurse came on duty at 9.30am and the person in charge came in at 10.15am but was not involved in the supervision of care. It was noted again that the nurse had to leave the medication trolley many times to attend to residents needs which could pose a risk to residents. The inspectors were very concerned regarding the night duty provision of staff in light of the number of falls and recorded incidents during the night. The provider was required to put in place addition staffing from day two of the inspection. This arrangement has remained in place. As stated previously an ADON had been appointed for one month. The provider stated that they were actively recruiting a new person in charge.

Inspectors noted that there were still long periods when there were no staff members present to supervise residents in the day room which could increase the risk to residents. The provider stated that this would be addressed and inspectors observed increased supervision on 27 November 2013.

However, improvements were still required regarding the skill mix of staff. On 27 November 2013, the person in charge, the ADON were on duty, however, there was only one nurse available to administer medications as the other rostered nurse was unable to attend work until after 11am. This resulted in insufficient nurses available to provide care to and supervise care for residents. As previously discussed it also resulted in the medication administration taking approximately four hours.

The ADON informed the inspectors that she was in the process of introducing care teams, and was reviewing the rosters to facilitate this.

Additional training had been provided to staff during the intervening days of the inspection, such as fire training, dysphasia and medication management. Further training had been arranged in the implementation of the policies and the provisions of the Act and Regulations.

Inspectors examined seven staff files and found that they still did not contain all of the

requirements of the Regulations for example documents such as Garda Síochána vetting, three references and evidence of physical and mental health fitness were not on file. On 27 November 2013, the administrator showed inspectors evidence that this documentation was actively being sought.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

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Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	Dargle Valley Nursing Home
Centre ID:	ORG-0000031
Date of inspection:	12/11/2013
Date of response:	29/01/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 03: Suitable Person in Charge

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The person in charge informed the Authority that she will no longer hold the position of person in charge.

Action Required:
Under Regulation 15 (2) you are required to: Ensure that the post of person in charge of the designated centre is full time and that the person in charge is a nurse with a minimum of three years experience in the area of geriatric nursing within the previous six years.

Please state the actions you have taken or are planning to take:
Since the inspection of the 27th November, a Person in Charge/Director of Nursing has been recruited for the centre. This person will commence as Person in Charge on the

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

1st February. The newly recruited Person in Charge has the required qualifications and experience identified in the regulations and currently holds a nursing management position in a similar setting.

Proposed Timescale: 23/01/2014

Outcome 07: Health and Safety and Risk Management

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The risk management policy had not been implemented throughtout the designated centre.

Action Required:
Under Regulation 31 (1) you are required to: Put in place a comprehensive written risk management policy and implement this throughout the designated centre.

Please state the actions you have taken or are planning to take:
Since the last inspection, a clinical governance committee has been set up. This committee has responsibility for overseeing risk management in the centre. Members of the committee have attended an education / mentoring session with an external consultant on process involved in risk management.

The Health and Safety Officer, who is a member of the risk management committee is scheduled to carry out information sessions with all staff on the risk management policy to include responsibilities of staff regarding risk management and health and safety in accordance with their roles.

Proposed Timescale: 31/01/2014

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Staff were observed using poor manual practices that could pose a risk to residents.

Beds rails were loose which could pose a risk to residents.

Action Required:
Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

Please state the actions you have taken or are planning to take:
Since the last inspection, specialty clamps have been purchased from the manufacturers

so as to enable bedrail to be securely fitted to beds, in the event that bedrails are required. All residents who had bedrails in use were reviewed and we have worked towards finding suitable alternatives for each of these residents. Currently, there are no residents with bedrails in use in the centre.

All staff have received refresher training sessions on manual handling, which included review of residents in the centre who have complex moving and handling needs.

Proposed Timescale: 23/01/2014

Outcome 08: Medication Management

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Medications were not administered in line with professional guidelines and was not supported by a comprehensive policy.

Action Required:
Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

Please state the actions you have taken or are planning to take:
Since the inspection, staff nurses have received refresher training in medication management. Medication audits have been carried out on a monthly basis and these have been submitted to the inspector. The next medication audit has been scheduled for 14/02/14. Competency assessments for staff nurses will be completed.

The current medication management processes, policies and guidelines have been reviewed. The medication management policy is currently being revised so as to ensure that there is one policy manual in use.

Proposed Timescale: 31/01/2014

Outcome 11: Health and Social Care Needs

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The management of weight loss, restraint and clinical care practices required improvement as outlined under Outcome 11.

Action Required:

Under Regulation 6 (3) (b) you are required to: Provide a high standard of evidence based nursing practice.

Please state the actions you have taken or are planning to take:
Since the inspection, all residents have one form to document weights, which is in their care plans.
New policies for monitoring nutritional needs of residents, falls prevention, use of restraint and management of behaviours that challenge have been developed.
Information and training sessions on the implementation of these policies have been delivered to staff during December 2013.
Diet sheets are now provided to the catering staff and these are updated as required by the nurse in charge. These identify the required consistencies, likes and dislikes for each resident.
Residents with dysphagia have mealtime plans outlining their specific dietary, positioning and assistance needs during mealtimes.

Jugs with fresh fluids are available in communal areas during the day.
A three day post falls monitoring form has been implemented for residents who have sustained an unwitnessed falls or those known to have hit their head during a fall. This includes the use of the Glascow Coma Scale.
The falls policy clearly outlines the required post falls assessments and monitoring to be carried out for any resident who has fallen and staff have been given an explanation of this during policy implementation training sessions.
Key clinical indicators are now being monitored and trended on a monthly basis, which include falls, restraint use and residents with a MUST score of 2 or more.
Audit and analysis tools have been developed to facilitate analysis where trending of quality indicators indicate. These will be fully implemented by the new Person in Charge commencing February 2014.
Currently there are no residents using bedrails or lapbelts in the centre, however, a new form for restraint assessment has been developed and its use is outlined in the restraint use policy. Staff have received training on the use of restraint during December 2013 as part of the policy implementation training.

Proposed Timescale: 23/01/2014

Theme: Effective Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Care plans required improvements to ensure that there were reviewed and updated at regular intervals.

Action Required:
Under Regulation 8 (2) (b) you are required to: Keep each residents care plan under formal review as required by the residents changing needs or circumstances and no less frequent than at 3-monthly intervals.

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

The care planning documentation has been updated to include risk screening and assessments so that a risk profile is recorded for each residents. We have also updated the care planning documentation. New documentation has also been implemented for monitoring residents on a scheduled basis. Healthcare assistants are also completing daily care records for each resident. Both staff nurses and healthcare assistants have received training on the updated systems and documentation during December 2013. Staff nurses' commenced review and updating of care plans during December 2013 and this will continue on an ongoing basis in accordance with each resident's changing needs.

Proposed Timescale: 23/01/2014

Outcome 12: Safe and Suitable Premises

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The twin rooms do not comply with the Authority's Standards for physical environment.

Action Required:
Under Regulation 19 (3) (f) you are required to: Ensure the size and layout of rooms occupied or used by residents are suitable for their needs.

Please state the actions you have taken or are planning to take:
We have consulted an architect the consideration is to enhance the floor space of the two double room by construction bay windows. We are endeavouring to comply with deadlines and are aware of the deadline of February 2015.

Proposed Timescale: 31/01/2015

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was insufficient storage space for equipment.

Action Required:
Under Regulation 19 (3) (l) you are required to: Ensure suitable provision for storage of equipment in the designated centre

Please state the actions you have taken or are planning to take:
We have reviewed the current availability of storage space all equipment is assigned to an individual and kept with them. We have also arranged for an external consultant to access the premises with a view to resolving our storage space.

Proposed Timescale: 31/05/2014

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was insufficient changing space for staff.

Action Required:
Under Regulation 19 (4) (a) you are required to: Provide suitable changing and storage facilities for staff.

Please state the actions you have taken or are planning to take:
As outlined in previous report, we plan to erect a detached timber faced garden room and deck to provide a changing and break area for staff.

Proposed Timescale: 31/12/2014

Outcome 13: Complaints procedures

Theme: Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A record was not maintained of the outcome of all complaints and whether the complainant was satisfied or not with the outcome.

Action Required:
Under Regulation 39 (7) you are required to: Maintain a record of all complaints detailing the investigation and outcome of the complaint and whether or not the resident was satisfied.

Please state the actions you have taken or are planning to take:
The current complaints documentation will be updated to ensure that the complaints log identifies whether or not the complainant is satisfied with the outcome.

Proposed Timescale: 23/01/2014

Outcome 15: Food and Nutrition

Theme: Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Free fluids were not readily available.

Action Required:

Under Regulation 20 (1) you are required to: Provider each resident with access to a safe supply of fresh drinking water at all times.

Please state the actions you have taken or are planning to take:
Jugs of fluids are available in all communal areas as outlined previously.

Proposed Timescale: 23/01/2014

Theme: Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Continued improvements were required when providing assistance to residents with eating and drinking especially in ensuring that they are seated appropriately prior to receiving their meals.

Action Required:
Under Regulation 20 (4) you are required to: Provide appropriate assistance to residents who, due to infirmity or other causes, require assistance with eating and drinking.

Please state the actions you have taken or are planning to take:
Staff have been informed of the positioning needs of residents and those with dysphagia have individual mealtime plans which identify their positioning needs.
We are currently awaiting OT assessment for one resident with complex seating / positioning needs.

Proposed Timescale: 28/02/2014

Outcome 18: Suitable Staffing

Theme: Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Improvements were required to ensure appropriate staffing levels and skill mix were on duty at all times.

Action Required:
Under Regulation 16 (1) you are required to: Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:
Additional staff have been recruited so that appropriate staffing and skill mix are available for residents.
We have undertaken a review of staffing with an external consultant. Following your

request we will retain the twilight nurse until 02/03/14 and implement fully our new roster at this time.

Proposed Timescale: 02/03/2014

Theme: Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
No formal education and training calendar was developed to ensure that all staff were provided with training appropriate to their roles.

Action Required:
Under Regulation 17 (1) you are required to: Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence based practice.

Please state the actions you have taken or are planning to take:
Since the previous inspection, an extensive training programme was developed and implemented during December 2013 in accordance with improvements being implemented.
A training plan for 2014 is currently being developed and will be forwarded to the inspector on completion.

Proposed Timescale: 31/01/2014

Theme: Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Staff files did not contain all the documentation and information as required by the Regulations.

Action Required:
Under Regulation 18 (2) (a) and (b) you are required to: Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person.

Please state the actions you have taken or are planning to take:
All staff have been informed of the need to provide documentation for their files in accordance with the regulations. We are still awaiting some documentation, but intend to have all staff files up to date by the end of January 2014.

Proposed Timescale: 31/01/2014