Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people

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

Centre name:	Dalkey Community Unit for Older Persons
Centre ID as provided by the Authority:	510
Centre address:	Kilbegnet Close Dalkey Co Dublin
Telephone number:	01 2353200
Fax number:	N/A
Email address:	Alice.harding@hse.ie
Type of centre:	☐ **Private** ☐ **Voluntary** ☒ **Public**
Registered provider:	Health Service Executive (HSE)
Person in charge:	Alice Harding
Date of inspection:	8 and 9 September 2009
Time inspection took place:	**08 Sept - Start:** 09:30hrs **Completion:** 18:00hrs **09 Sept - Start** 07.30 hrs **Completion:** 14.00hrs
Lead inspector:	Linda Moore
Support inspector(s):	Angela Ring Eileen Kelly
Type of inspection:	☐ **Registration** ☒ **Scheduled** ☒ **Announced** ☐ **Unannounced**

About inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the standards; that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland* under the following topics:

1. Governance and leadership: how well the centre is organised.
2. The quality of the service.
3. How well the healthcare needs of residents are met.
4. Premises and equipment: appropriateness and adequacy.
5. Communication: information provided to residents, relatives and staff.
6. Staffing: the recruitment, supervision and competence of staff.

This report summarises the findings of the inspection under some or all of these topics, highlighting areas of good practice as well as areas where improvements were required as follows:

Evidence of good practice - this means that an acceptable standard was reached and the provider demonstrated a culture of review and improvement and aimed to drive forward best practice.

Some improvements required – this means that practice was generally satisfactory but there were areas that need attention.

Significant improvements required – this means that unacceptable practice was found.

The report also identifies minor issues, where applicable, to which the provider should give consideration to enhance the quality of the service.

The report is available to residents, relatives, providers of services and members of the public, and is published on our website www.hiqa.ie.

Acknowledgements

The inspectors wish to acknowledge the co-operation and assistance of the residents, relatives, provider and staff during the inspection.

About the centre

Description of services and premises

Dalkey Community unit is a two-story, purpose-built centre which opened in 2000. There are 50 residential places in the centre and a day care unit.

The centre has 12 respite beds, 36 residential care beds and two beds for convalescence. The bedrooms are on the first floor. There is a dining room, oratory, relatives' room, smoking room and a library area, which is also used for dining on the first floor. There is also a seating area and a physiotherapy room on the ground floor.

The bedrooms on the first floor can be accessed by the stairs or a lift. There are two wards with four beds, six twin rooms and six single bedrooms.

There are three gardens which residents can use and one of these is secure.

Free parking is provided at the front of the building.

Location

The centre is in Dalkey Village and is very close to all amenities and community services. The church is a short walk away.

Date centre was first established: DAY/MONTH/YEAR	2000
Number of residents on the date of inspection	47

Dependency level of current residents	**Max**	**High**	**Medium**	**Low**
Number of residents	3	10	30	4
Number of respite	1	5	6	0

Management structure

The Director of Nursing, Alice Harding, is also the person-in-charge. She reports to the General Manager, John O' Donovan. The person in charge is supported in her role by the Assistant Person in Charge. There are three Clinical Nurse Managers.

Summary of findings from this inspection

This was an announced inspection. The inspectors found that the centre met many of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and provided a good quality of care.

The person in charge demonstrated effective leadership in her approach to the management of the service, which was person-centred and promoted an inclusive environment.

The level and skill mix of staffing was determined by an assessment of the residents' needs and there was sufficient staff on duty both day and night. The staff were skilled and trained to meet the needs and support the individual preferences of each resident and the staff knew the residents well.

Residents were involved in decisions that affected them. In the majority of cases they had choice and control over their day-to-day life and there was a genuine commitment to ensuring that residents had a good quality of life.

There was open, two-way communication between relatives and residents and the staff. The residents and relatives' forum provided an opportunity for residents and relatives to have a say in what happened in the centre and any issues or concerns were immediately addressed.

The multidisciplinary approach to care, with the involvement of the general practitioner (GP) and other health professionals, was evident in the centre and this supported a coordinated approach to individual resident care.

There are some significant improvements required in order to meet the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009, including the need to ensure that all residents have access to their call bell. The lack of space within the main dining room means the more dependent residents are separated from the main dining area. The lack of fire drills and knowledge of the evacuation procedures was of particular concern.

There are also some improvements required in order to meet the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009. The residents with dementia and other cognitive impairments were not always involved in activities to ensure fulfilment. There was not always an adequate choice of food at the evening meal and many residents were not satisfied with what was offered.

The action plan at the end of this report identifies improvements to be made (some significant) and actions needed to address them.

Residents' and relatives' comments

The inspectors received 14 completed questionnaires from relatives and six completed questionnaires from residents. Inspectors spoke with a further 12 residents and four relatives during the inspection.

In general, the feedback received was positive and respondents reported high levels of satisfaction with quality of life issues.

Residents

Residents said that they were satisfied with the nursing, therapeutic and peripatetic services, such as hairdressing and physiotherapy. These services were also made available to residents availing of respite services.

Residents said they were happy with the recreational facilities. They liked having their own televisions and DVD players, as well as an abundance of books and daily newspapers. One resident, who received a copy of the daily Irish Independent newspaper, told an inspector that she would prefer to receive an English newspaper, as that had been her choice when she lived independently.

Residents said that the morning routines were flexible and allowed for individual preferences. This meant that residents could choose when to get up, where to have breakfast and how they like their personal care to be delivered. One resident, who was 100 years of age, told the inspectors that she was happy that staff had respected her wishes to have a wash instead of a bath. Another resident told inspectors: "I go to bed and get up when I like".

Residents also shared their views with inspectors about improvements that could be made in the centre. In particular, residents and relatives talked about having a wider choice of food, increased space to meet with their relatives and better ventilation in the bathrooms.

Residents receiving respite care commented that it is a "beautiful centre, very relaxing, everything is perfect here". They compared it to other centres they had stayed in and said this was by far the best.

Relatives

In general, relatives also reported high levels of satisfaction with the residents' quality of life within the centre. They made comments such as "staff are superb", "top marks", "a wonderful and caring team" and "a very caring environment". Relatives complemented the nursing and medical care provided at the centre: "we are very satisfied with the kindness and care shown" and "we are most grateful for the care our sister is getting".

Relatives reported feeling very welcome in the centre when visiting. One relative said he was "practically a resident himself". Relatives said that residents were safe and one person said she "felt at ease coming away knowing that she is well cared for".

When asked about the environment, one relative described it as “spotless - I see the damp dusting being done and the floors are washed while the residents are not in their bedrooms”.

Some relatives aired their dissatisfaction that residents did not have a place to lock their personal belongings away. Relatives also mentioned that there was no visitors’ room and all recreation activities such as art were carried out on the corridor. While many relatives expressed their satisfaction with the existing structured activities available, some relatives felt that there was a lack of meaningful things for the more dependent residents to do.

Some relatives voiced their concern about the extensive use of agency staff and its impact on residents. In particular, one relative expressed frustration that his wife’s preferences were not always communicated during staff shift changes.

Relatives highlighted the need for personal laundry services to be provided for all residents on site, particularly at those times when relatives are temporarily unable to assist with this due to holiday periods.

One relative’s comment summarised the feedback from relatives about Dalkey Community Unit: “The atmosphere is so homely and warm while being professional. We could no longer look after her at home, but we feel that she is loved in Dalkey Community Unit and we hope that when our time comes we will be so fortunate".

Overall findings

1. Governance: how well the centre is organised

Outcome: The centre is well organised and managed and complies with the requirements of the Health Act 2007, the regulations and standards.

Good governance involves the effective and efficient deployment of resources in accordance with the stated purpose and function of the centre. Governance includes setting clear direction for the service, a commitment to continual improvement and having a system in place to effectively assess and manage risk.

Evidence of good practice

A robust management structure was in place. The person in charge and assistant person in charge were on duty Monday to Friday and there was a Clinical Nurse Manager on duty every day.

The person in charge demonstrated her knowledge of the Health Act 2007, (Care and Welfare in Designated Centres for Older People) Regulations 2009 to the inspectors and spoke of the implications for the centre. Staff received training on the *National Quality Standards for Residential Care Settings for Older People in Ireland*. The person in charge and her staff had encouraged residents and relatives to provide feedback and complete the inspection questionnaires.

A positive approach to improving services was taken, with weekly senior management meetings where the staff focused on improving the quality of the service provided to the residents. This included changing the way that residents are referred to the peripatetic services. In the past, residents were referred on an ad-hoc basis and this was replaced by a more formalised approach, based on their needs. The staff participated in peer reviews with other centres and had addressed many issues identified including that of infection control.

There was a residents' forum that met on a quarterly basis and offered residents the opportunity to participate in the running of the centre. In situations where a resident could not participate, his/her relatives were invited. The person in charge and the designated Health Service Executive (HSE) social worker for the centre facilitated these meetings and minutes were read by inspectors. Residents discussed issues such as the activity provision, choice of meal at teatime and fire safety. Inspectors saw the changes that were made following the feedback from this group. These included replacing the tea flasks in the morning as residents said the tea was cold by the time they got it.

Relatives and residents spoke positively about the level of communication within the centre and the fact that they could meet with the person in charge at any time. The

Health Services Executive complaints policy “Your service your say” was in place and the complaints log was viewed and this showed that complaints were resolved satisfactorily.

There was a safety statement in place (dated August 2009) which had been developed specifically for the centre. There were two safety representatives in the centre and the person in charge informed the inspectors that health and safety training was planned for these staff members in October 2009. She also informed the inspectors that there were plans in place to develop a local safety and risk team, which would include the person in charge, the centre administrator and the two safety representatives.

The person in charge showed the inspectors how the staff responded to incidents and accidents and the inspectors examined the incident book. All falls were reviewed at the monthly multidisciplinary team meeting and there was a falls risk assessment and manual handling assessment in the residents’ files. The action plans for manual handling were located inside each resident’s locker.

Some improvements required

While there was a good statement of purpose and function for the centre, it did not contain all the information required in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009. Further information about the registered provider and the objectives of the centre was required.

The majority of the policies, procedures and guidelines seen by inspectors were Health Service Executive policies and were not specific to the centre. Many of the policies had not been reviewed or updated in the previous two years and many staff were not familiar with the policies in place.

The inspectors spoke to nursing staff and were told that monitoring data was not collected, for example on residents who spend most of their time in bed. This information could have been used for ongoing monitoring and continuous improvement but the opportunity was lost. There was no informed learning to drive improvements in the service in a systematic way.

While there was a HSE complaints policy in place and residents and relatives were aware of who to complain to, the complaints policy did not identify the nominated person available to deal with complaints.

Significant improvements required

The inspectors were concerned that managers and staff were not adequately prepared to respond in the event of fire. Inspectors noted that the fire equipment was checked and serviced regularly. Fire training was provided to 38% of the staff in 2008 and there was further fire training planned for October and November 2009. The person in charge said that there was a fire drill carried out in 2009 but there was

no evidence of this. Many staff, including agency staff, were unaware of the evacuation procedures. The provider and person in charge were required to submit an action plan to address this concern to the Health Information and Quality Authority immediately.

The inspectors read the Health Service Executive Serious Incident Management Policy and there was also a draft policy from the HSE on risk management. However, there was no evidence of a system of learning from accidents and incidents to residents.

2. Quality of the service

Outcome: Residents receive a good standard of service, appropriate treatment and are treated with courtesy and respect.

A quality service is one where residents are protected from harm or abuse, where practice is person-centred, where rights are protected, where residents are enabled to play an active part in the centre and where management, staff and residents work together towards continuous improvement.

Evidence of good practice

Inspectors found that, for the most part, meal times were an inviting and enjoyable time for residents. Tables were set in an attractive manner with place settings, napkins and flowers. For those residents who needed assistance with dining, the inspectors noted that staff offered choices to residents such as adding salt or gravy to their meal. The catering manager was present in the dining areas during lunch and was knowledgeable about individual residents' likes and dislikes. There was a variety in the choice of soft drinks available to all residents during meal times and throughout the day. Residents expressed satisfaction with the quality and choice of food at lunchtime and said that they could dine in their bedrooms if they wish. The menu system was introduced on the day of the inspection. Relatives were involved at meal times and they said they enjoyed this. The inspectors noted the camaraderie between residents, relatives and staff at meal times. One relative was seen helping another relative's wife by pouring her tea.

Inspectors noted that most residents were provided with opportunities for meaningful engagement and fulfilment. They had access to newspapers, books, CDs, radios and personal TVs in addition to organised activities including art, music, films and dancing. The inspectors were told that the staff had organised trips to local events organised by Dun Laoghaire-Rathdown County Council. There was a rosary group in the evenings and the occupational therapist said that she ran a relaxation group twice a week specifically for the more dependent residents. The inspectors observed the residents and some relatives participating in an exercise programme to

music, which was led by two members of staff. There were refreshments provided after the session and there was a general sense of well-being.

Residents' personal care needs were met. The hairdresser came to the centre twice a week and inspectors observed that residents enjoyed a tea/coffee/soup while having their hair done.

The staff completed a section in the resident's files called "A Key to Me", which contained useful information about the residents. They used this information to facilitate residents' interests and hobbies. One resident was described as being "very religious" in his care plan and a staff member confirmed that he was very close to his religion and was aware of the importance of this in his daily life. When the inspector spent time with this resident, he was sitting up in bed listening to local Mass from his radio and there were religious items around his room.

Residents talked about going home for the night or for the weekends to their families. Two residents were on a trip to Lourdes during the inspection. Staff assisted residents to go to the church in Dalkey on a Sunday morning or into the community if they wished. One resident spoke about going out for coffee and to Mass with a friend. The inspectors were told that there were 18 residents registered to partake in the upcoming referendum and information leaflets were provided to these residents.

Residents informed the inspectors that they felt safe. One resident commented that "I would not go anywhere else, I feel safe here". Another resident said: "I feel safe here, I have nobody at home, and the nurses mind me". Most of the residents could identify a named senior staff member that they could speak to if they had a problem or a concern. Residents said that they felt safe because they would not be left on their own and they felt the nurses would be there to look after them.

The residents said that they were aware of the procedures to follow in the case of alleged abuse. The staff were also knowledgeable in this area. They referred to the Trust in Care Policy and the Health Service Executive Elder Abuse Policy and could provide these policies to the inspectors. The person in charge demonstrated that there was a robust mechanism in place to protect and manage each resident's finances.

Inspectors observed that residents' dignity and privacy was respected. There were "please knock" signs on all of the doors and staff adhered to these. Staff pulled curtains fully when they were delivering personal care.

Relatives said they were very welcome in the centre and described it as being part of their own family. They were asked to write life stories to help all staff get an insight into what the resident was like before they came to live there. Information was shared with relatives on a need-to-know basis.

Some improvements required

Residents and relatives were not happy with the choices of food on offer for the evening meal. On the evening of the inspection, there was a choice of corned beef salad, fried eggs, cheese and tomato, soup and a bread platter. Relatives highlighted that the evening meal usually consisted of fish fingers and canned spaghetti. One resident who did not eat the meal, described teatime in terms of "Oh Lord, tea, bread and jam again". Inspectors asked to view the weekly menu sheet and found it included a wide variety of meals offered to residents in the evening. The inspectors observed a choice available on the evening of the inspection. Residents said that they would like fresh fruit during the day. Some residents, who required assistance with dining, did not have a plate guard in place, to promote comfort and independence.

The inspectors observed that residents with dementia and other cognitive impairments were not involved in activities on the day of the inspection and were sitting for long periods of time in the chair or looking out the window. The staff had completed a "meaningful activities assessment" for each resident but they said that they felt ill equipped to complete this section fully and would need further training in this area. There were no care plans for fulfilment for these residents.

Significant improvements required

The inspectors observed the area where the more dependent residents had their meals. These residents ate in an open plan area known as the "library" which was used as an ad-hoc dining room during meal times. An accordion-type partition wall was used to create the dining space, provide privacy and minimise disruption from people walking through the room during meal times. This space was negatively referred to as the "feeding area" by some members of staff. It was not an adequate, private dining space. It was noted that during a planned activity, a staff member walked through this area carrying a bag of waste.

The inspectors saw some residents being brought to their meals in shower chairs.

Minor issues to be addressed

There was an allocated staff member to do residents' person laundry, however as she only worked one and a half hours per week, just six residents had their personal laundry done within the centre. Many residents sent their laundry home with relatives and any resident, who did not have family members, had their washing done in the centre. A private laundry service was available for those residents who could afford it.

3. Healthcare needs

Outcome: Residents' healthcare needs are met.

Healthcare is integral to meeting individual's needs. It requires that residents' health, personal and social care needs are assessed and reviewed on an on-going basis, within a care planning process, that is person centred. Emphasis is firmly placed on health promotion, independence and meaningful activity.

Evidence of good practice

The centre provided opportunities for residents to pursue healthy life choices. A nutrition circle had been recently established and one meeting took place in 2009. This consisted of the residents' representatives, the catering manager, the person in charge and the dietician. Members of this group talked with relatives about healthy eating and what foods to bring into the residents. The dietician also reviewed the weight of every resident on a monthly basis and any supplements they were receiving. Regular monitoring of each resident's blood pressure and blood screening was carried out and inspectors viewed records of this.

The inspectors observed the administration of medication to residents and were satisfied that staff members used a correct procedure. The inspectors found evidence that staff members tried to meet the needs of residents with specific medication requirements, such as swallowing difficulties. Staff told the inspectors that training had been provided on medication management and there was documentary evidence to support this. One resident self-administered his medications and staff demonstrated they knew the correct procedures for this, as outlined in the medication policy.

The GP visited the centre each day and there was an out-of-hours medical service. There was documentary evidence in the medical notes that residents were reviewed on a three monthly basis and more often if necessary. The residents said that this was the case. The relatives expressed satisfaction with the medical care that their family member received.

Residents had access to several professional services free of charge. These included physiotherapy, occupational therapy, social work and dietetic services. There were weekly meetings held with the nurse manager and multidisciplinary team to communicate the specific needs of the residents and to plan their care.

Each resident had a comprehensive assessment of their needs completed and there were also risk assessments carried out on falls, nutrition, pressure sores and the use of restraint. Residents had a care plan in place. Staff told the inspectors that there were in the process of changing their care plans to a more person-centred method.

Relatives said that they felt very much involved with the plan of care for their family members.

The person in charge told the inspectors that she reviewed residents' files on a daily basis. She also reviewed the night/day book every day and signed that she has done this.

Inspectors read the pharmacy audits for 2006, 2007, 2008 and 2009 and an action plan for the audit dated 22 October 08 had been drawn up. The audit recommended changing the medication error form and this had been completed.

Some improvements required

There was a medication management policy in place, dated 2007 and a draft medication management policy dated 2008, which had been updated following a peer review. Staff were unclear as to which policy was the current medication policy to refer to. The inspectors also noted that, in some instances, the allergies box on the medication record was used to indicate that the resident was on a specific medication therapy.

The controlled medications were checked at each change of shift, but there were no records of individual controlled medication being checked. There was only a record of the total number of medications being stored in the cupboard. This practice could result in failure to follow a clear paper trail in the event of a drug error or a drug going missing.

There was very little evidence of resident and relative consultation and involvement in the development and evaluation of their care plan. There was inadequate documentary evidence that the care plans were updated and that they recorded the residents' changing needs at least at three monthly intervals. The inspectors noted that the day and night staff were writing their notes in two different sections of the care plan (the narrative notes and the progress notes). There was a risk that key information could be missed.

4. Premises and equipment: appropriateness and adequacy

Outcome: The residential care setting provides premises and equipment that are safe, secure and suitable.

A good physical environment is one that enhances the quality of life for residents and is a pleasant place to live. It meets residents' individual and collective needs in a comfortable and homely way, and is accessible, safe, clean and well-maintained. Equipment is provided in response to the assessed needs of each of the residents and maintained appropriately.

Evidence of good practice

This was a purpose-built centre. Some of the bedrooms visited were homely in appearance and there were personal belongings in them. Each resident was provided with a bedside cabinet and a wardrobe with a mirror.

The inspectors observed a high level of cleanliness throughout the building. Residents and relatives expressed satisfaction with hygiene in the centre. The cleaning staff were knowledgeable about their role and the cleaning supervisor visited the centre regularly. The inspectors tracked the maintenance requests and were satisfied that that the work was carried out to a satisfactory standard within a reasonable time frame.

Assistive equipment, such a pressure relieving mattresses, specialised seating and mobility aids were provided to meet the residents' needs. Staff were knowledgeable in the use of this equipment and it was serviced regularly. There was a designated storage space assigned for each of the hoists in the centre.

The kitchen was of a high standard in that it appeared clean and Hazard Analysis Critical Control Points (HACCP) were in place. The inspectors read the most recent Environmental Health Officer's report and the staff had addressed or were in the process of addressing all areas identified.

The garden areas were bright and accessible to residents. These were maintained by the residents' family members. One of the residents had a cat that lived in the garden.

Some improvements required

The inspectors noted that the stainless steel sinks did not have draining boards and there was no separate sink for hand washing in the laundry room.

Residents and relatives said that there are no lockable storage facilities provided for their personal belongings and inspectors saw that this was the case.

The inspectors observed hoists and chairs being left in doorways of bedrooms and in the hallways during the day, which could result in a falls risk. The inspectors saw clean linen stored in the bathrooms.

Resident and relatives identified that there was a problem with the ventilation in the toilets. Ventilation in the main kitchen was also inadequate. Staff used an electric fan to cool this room.

5. Communication: information provided to residents, relatives and staff

Outcome: Information is relevant, clear and up to date for residents.

Information is accessible, accurate, and appropriate to residents' and staff needs. Feedback is actively sought from residents and relatives and this informs future planning and service provision. Information is recorded and maintained in accordance with legal requirements and best practice and is communicated to staff on a need to know basis to ensure residents' privacy is respected.

Evidence of good practice

The inspectors observed that there was a culture of open and respectful communication between staff, residents and relatives. The person in charge modelled this practice and described an "open door policy" approach. Many residents and relatives said they were confident in seeking clarity on any issue that arose. The inspectors found that queries from residents or relatives about finances were dealt with in a timely and knowledgeable manner.

Individuals receiving respite services were provided with an information booklet about the centre. Equally, newly admitted residents were provided with a comprehensive booklet detailing information such as facilities, care services, catering, laundry, religious services and complaints.

The centre's mission statement was publicly displayed in the reception area beside the lift. Notification of the inspection visit was also displayed inside the lift.

The HSE social worker assigned to the centre explained her role to the inspectors was knowledgeable of the *National Quality Standards for Residential Care Settings for Older People in Ireland* and the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009. She met with residents at their forum and also on a one-to-one basis, or with family members if required. She said she planned to review the resident forum to ensure this was reflective of residents with cognitive impairment.

Significant improvements required

The inspectors noted that call bells were not available for all residents and in some instances, the call bells that were in place were not working.

Minor issues to be addressed

Inspectors observed that over 50% of staff were not wearing name badges. Residents said they could contact any member of staff if they had a problem, but a small number of residents could not identify any of the nursing or care staff by their name.

Minutes of the residents' forum were not shared in an accessible format for all residents.

Residents told the inspectors that they were not always aware of when activities are due to take place. There was no means of communicating this information to residents or his/her representative in a format that is suitable to their capacities.

6. Staff: the recruitment, supervision and competence of staff

Outcome: Staff are competent and recruited in sufficient numbers to meet residents' needs

Staff numbers and skill-mix are determined by the size and complexity of the service and there should be sufficient competent staff on duty, both day and night, to meet the needs of residents. Robust recruitment and selection procedures ensure the appointment of suitably qualified and experienced staff. Staff are supported in their work by ongoing training and supervision.

Evidence of good practice

Residents' dependency was calculated using the Barthel Score. Staff and residents agreed that there were enough staff on duty to provide personal care. There were nine staff on duty in the Hillview ward from 8am to 2pm and this reduced to six staff from 2pm to 8.30pm. There were five staff on duty in the Castleview Ward from 8am to 2pm, this reduced to four staff from 2pm to 6pm. The person in charge responded to the needs of residents by the introduction of the "twilight staff" who worked until 10pm and assisted those residents with their personal care and going to bed. There had also been an introduction of an additional staff member to work with a resident with behaviour that was challenging.

The staff were in the process of rolling out a primary nursing system, where all staff nurses will be allocated to specific residents and they are responsible for their care and updating their care plans.

There were many agency staff due to the inability to recruit new staff. They explained how they received a comprehensive handover from the clinical nurse manager about the residents and this prepared them to provide care to the residents.

Staff spoke of the staff facilities available and were very happy with them. These included changing facilities, showers and a dining room.

Inspectors read the recruitment and selection procedures from the Health Service Executive, dated 8 September 1995. A memo from the HSE was also viewed, which informed all staff that they were required to undergo Garda Síochána vetting. The "Care Safe Guidelines" from the HSE were provided to all staff when they started work. These are standards and guidelines on the prevention of harm to vulnerable service users of the Irish health system.

The inspectors read the induction policy, which was dated August 2008. There was both a corporate (HSE) and local (Dalkey Community Unit) induction programme in place. This was reviewed in one recently recruited staff members file. This person had also undergone a performance review.

Training records viewed by the inspectors showed that there was ongoing professional development for staff, which had been tailored to meet the needs of the residents. Recent training and development covered areas such as responding to elder abuse, pressure ulcer guidelines, nutrition and hydration, hand hygiene and waste management. The person in charge had completed an M.Sc. in Gerontology Nursing. Five of the care assistants were trained to Further Education and Training Awards Council (FETAC) level five or above. The person in charge also arranged external trainers to deliver specialist courses and to support staff in the delivery of care. These included falls prevention programmes and dementia mapping.

Staff said they were very happy working in the centre. They enjoyed the relationships that they had with residents and found the work very fulfilling. There was a very low rate of turnover of staff in the centre.

Some improvements required

The person in charge and her deputy supervised staff on a daily basis. There was no formal supervision structure in place. The clinical nurse managers were part of the direct nursing provision at the weekends and therefore did not have the opportunity to formally supervise staff.

Significant improvements required

The staff files viewed by inspectors did not meet the requirements as set out in the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2009. There was no Garda Síochána vetting in one file, no curriculum vitae in another file and no medical check in another. The person in charge said that Garda Síochána vetting was outstanding for eight staff members. The person in charge explained that there were agency staff working in the centre every day. The contract with the agency was viewed. This did not include a requirement for the agency staff to be Garda vetted.

Minor issues to be addressed

There was no staff development and appraisal policy. An appraisal system was in place for one staff member who had recently joined the centre. This had not been rolled out to the other six new care staff that were recently transferred to the centre.

Report compiled by

Linda Moore
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

12 September

Health Information and Quality Authority
Social Services Inspectorate

Action Plan

Provider's response to inspection report

Centre:	Dalkey Community Unit for Older Persons
Centre ID as provided by the Authority:	510
Date of inspection:	8 and 9 September 2009
Date of response:	13 October 2009

Requirements

These requirements set out what the registered provider must do to meet the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care settings for Older People in Ireland*.

1.The provider has failed or is failing to comply with a regulatory requirement in the following respect:

Adequate arrangements were not in place to ensure safe evacuation in the event of a fire. Fire drills and practices were not carried out at suitable intervals, so that the persons working at the designated centre are aware of the procedures to be followed in the case of fire. All persons working in the designated centre did not receive suitable training in fire prevention.

Action required:

Make arrangements to ensure safe evacuation in the event of a fire.

Reference:

Act: Health Act 2007
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: 15th September unannounced fire evacuation drill completed 24th September 2009 Fire drill –equipment completed Fire lecture and evacuation training booked Unannounced fire evacuation drill planned Fire lecture and evacuation training booked Fire orders read out by ward staff at report on a daily basis Fire register filled out daily and weekly by porters following daily and weekly checks Fire register filled out weekly by ward staff following weekly checks Review planned of all staff who have attended and not attended training provided. Those staff who did not attend training will be requested to attend training.	 29th Oct 2009 5th Nov 2009 26th Nov 2009 In Place In Place 1st Dec 2009.

2.The provider has failed or is failing to comply with a regulatory requirement in the following respect:
There was no risk management policy in place. The draft policy in place did not cover the identification, assessment and learning from risks throughout the designated centre.
Action required: Develop a comprehensive written risk management policy appropriate for the centre.
Reference: Act: Health Act 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Health Service Executive Risk Management Guidelines HB 436:2004 is now available in the Unit. This handbook provides generic guidance for establishing and implementing effective risk management processes in any organisation. It demonstrates how to establish the proper context, and then to identify, analyse, evaluate treat, communicate and monitor risks. Following these guidelines the Unit will develop a comprehensive	

risk management policy appropriate for the centre and in line with the Care and Welfare Regulations A risk management committee is being set up in the Unit 2 staff are being trained as Safety representatives who will be part of the risk management committee	November 2009 October 2009

3. The provider has failed or is failing to comply with a regulatory requirement in the following respect: The provider does not have appropriate and suitable written policies in place relating to the ordering, prescribing, storing and administration of medicines to residents. Staff were not familiar with such procedures and policies. The system to check controlled medication was not in accordance with the centre's medication management policy.	
Action required: Develop and implement appropriate and suitable written operational policies for medication management which are dated and reflect current best practice.	
Reference: Act: Health Act 2007 Regulations 33: Ordering, Prescribing and Administration of Medicines Standard 14: Medication Management	
Please state the actions you have taken or are planning to take following the inspection with timescales:	**Timescale:**
Provider's response: A written policy is in place relating to the ordering, prescribing, storing and administration of medicines to residents. This policy was reviewed in 2008 and is subject to further review in November 2009. All old policies had not been taken off the wards at time of inspection. All old policies have been removed from ward areas. Staff have been provided with the revised policy and are required to sign a declaration indicating that they have read and understood the policy The system to check the stock of controlled medications has been reviewed and documentation of individual controlled medication stock has been put in place.	December 2009 Sept 2009 September 2009 and ongoing Sept 2009

4. The provider has failed or is failing to comply with a regulatory requirement in the following respect:

The provider did not have a call system facility in every room and beside every bed used by the resident to ensure residents safety.

Action required:

Take all reasonable measures to prevent accidents to any person in the centre.

Reference:

Act: Health Act 2007
Regulation 31: Risk Management Procedures
Standard 25: Physical Environment

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: There is a call bell system in place. All patients have access to a call bell. On the day of inspection it was found that 2 call bells were not working. These were replaced immediately from new stock. To ensure that all call bells are working at all times a routine check system has been implemented. All call bells are now checked weekly and signed off that they are working. Faults are recorded and reported for immediate rectification.	October 2009

5. The provider has failed or is failing to comply with a regulatory requirement in the following respect:

There was a limited dining space to cater for all residents and some residents and relatives were not happy with the choice of evening meal. The necessary and appropriate equipment was not provided to ensure residents can be independent at meal times.

Action required:

Provide adequate sitting, recreational and dining space provided for residents. Ensure the dining experience is conducive to facilitating independence and choice for residents.

Reference: Act: Health Act 2007 Regulation 19: Premises Regulation 20: Food and Nutrition Standard: 19 Meals and Mealtimes Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Choices for evening meals has been discussed with residents and are changed regularly. The daily menu for evening tea has a choice available. The "nutrition circle" consists of the catering officer, dietician, nursing staff, Director of nursing and 2 patient representatives. It is now proposed to extend membership of this group to relatives. This group works hard to offer a pleasant dining experience to all residents looking at both the physical environment and the quality/quantity of meals offered. All necessary and appropriate equipment to ensure a resident can dine as independently as possible is available in the Unit. Items such as non-slip mats for use under plates and plate guards are available and are utilised when deemed appropriate. Management are reviewing all options relative to the provision of additional space for patient dining. Given the restrictions on the site in terms of available space the most likely solution is to utilise "open space" while ensuring that during meals times cleanliness and privacy is paramount.	October 2009 March 2010

6. The provider has failed or is failing to comply with a regulatory requirement in the following respect: The information for all staff employed at the designated centre did not meet the requirements of schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.
Action required: Obtain the staff personnel information to meet the regulatory requirements set out in schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

Reference: Act: Health Act 2007 Regulation 18: Recruitment Standard 23: Staffing Levels and Qualifications	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: On the day of Inspection all staff personnel required under schedule 2 of the Care and Welfare Regulations was not available. This is generally the case as the majority of information is traditionally sourced and filed centrally in the HSE Personnel Department. This information has been applied for and will be secured locally. Some staff members were recruited through a Nursing recruitment agency and instruction have been forwarded to each agency to provide the required information. Non-officer grades are recruited locally while others have transferred to the Dalkey Unit for different Units. Personnel information has been requested from Units where the relevant staff were originally recruited. Once received this information will be validated and filed locally to ensure compliance with the regulations.	December 2010 February 2010

7. The provider has failed or is failing to comply with a regulatory requirement in the following respect: The person in charge did not have a process in place to supervise staff, pertinent to their role. There was no personal development programme in place.	
Action required: Provide supervision to all staff on an appropriate basis, pertinent to their role.	
Reference: Act: Health Act 2007 Regulation 16: Staffing Standard 23: Staffing Levels and Qualifications	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Regulation 17 (2). The person in charge will meet with all staff to ensure that a formal programme of supervision is in place. Such meetings will be recorded and will also assist in promoting CPD opportunities.	Nov 2009 – Nov 2010

8. The provider has failed or is failing to comply with a regulatory requirement in the following respect:

The person in charge did not provide opportunities for all residents to participate in meaningful and interesting activities, particularly for residents who were dependent or cognitively impaired.

Action required:

Provide opportunity for all residents to participate in activities appropriate to their needs and capacities.

Reference:

Act: Health Act 2007
Regulation 6: General Welfare and Protection
Standard 18: Routines and Expectations

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Activities for residents who are dependent and cognitively impaired are hand massage, appropriate music, snoozalam and games. A relaxation group lead by the occupational therapist on Tuesdays and Wednesdays is available practically targeting dependant patients and those suffering from cognitive impairment. This group is purposeful and meaningful to the needs of these residents. Following the inspectors comments the Unit will seek resources to purchase more equipment appropriate to all residents which will improve activity opportunities and needs. A full programme of activities will be developed for circulation to patients in order to offer those currently not availing of these opportunities, to do so.	November 2009 December 2009

9. The provider has failed or is failing to comply with a regulatory requirement in the following respect:

The policies, procedures and guidelines seen by inspectors were generalised Health Service Executive policies and were not specific to the centre. Many of the policies had not been reviewed or updated in the previous two years and many staff were not familiar with them.

Action required:
Provide written operational policies and procedures in accordance with current regulations, guidelines and legislation. Put systems in place to ensure that policies and procedures inform and guide staff practice.

Reference:

Act: Health Act 2007
Regulation 27: Operating Policies and Procedures
Standard 13: Healthcare
Standard 29: Management Systems

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Management will endeavour to ensure that all current policies are defined specifically for the Dalkey Unit and that staff are particularly aware of their local relevance. The Clinical Nurse Managers are committed to introducing an improved staff communication network which will help to ensure that all staff have access to and understand the operation of each and every policy in place within the Unit	Nov 2009 – Nov 2010 March 2010

10. The provider has failed or is failing to comply with a regulatory requirement in the following respect:

The statement of purpose and function failed to meet the requirements of Schedule 1 of the Health Act 2007 (Care and Welfare of Resident in Designated Centres for Older People) Regulations 2009.

Action required:

Further develop the statement of purpose to incorporate all matters as listed within Schedule 1 of the Health Act 2007 (Care and Welfare of Resident in Designated Centres for Older People) Regulations 2009.

Reference: Act: Health Act 2007 Regulation 5: Statement of Purpose Standard 28: Purpose and Function	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response The Statement of Purpose will be reviewed and all matters listed within Schedule 1 of the Care and Welfare Regulations 2009 will be included.	December 2010

11. The provider has failed or is failing to comply with a regulatory requirement in the following respect: Residents' needs were not set out in all individual care plans. The care plans did not reflect the assessment findings.	
Action required: Implement and maintain a current comprehensive person-centred assessment and care plan for all residents.	
Reference: Act: Health Act 2007 Regulation 8: Assessment and Care Plan Standard 10: Assessment Standard 11: The Resident's Care plan	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: The Unit has introduced new nursing care plan. All new assessments will be completed by December 2009. All patients will have a person-centred assessment and care plan implemented. This care plan will be reviewed three monthly from December 2009.	December 2009 December 2009 April 2010

12. The provider has failed or is failing to comply with a regulatory requirement in the following respect:

There was no system in place for reviewing the quality and safety of care provided to residents and the quality of life of residents in the centre, through regular audits and monitoring processes.

Action required:

Establish and maintain a system to review the quality and safety of care and quality of life of residents in the centre.

Reference:

Act: Health Act 2007
Regulation 35: Review of Quality and safety of Care and Quality of Life
Standard 30: Quality Assurance and Continuous improvement

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: As previously stated an integrated quality and risk group will be established for the centre in November 2009. The primary function of this group will be to promote a safe environment for both patients and staff. The quality aspect of this group will be to look at areas such as visiting/patient activity/environment. This group will be expected to prioritise areas for further investment not just on infrastructure for statutory compliance but also on quality initiatives.	Dec 2009

13. The provider has failed or is failing to comply with a regulatory requirement in the following respect:

The current practice for storage of equipment and linen, ventilation of toilets and kitchen and the current hand washing facilities in the laundry posed a safety risk and did not always meeting current best practice in infection control.

Action required:

Review the physical design, storage practices and layout of the centre to meet the residents' needs.

Reference: Act: Health Act 2007 Regulation 19: Premises Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Storage space is at a premium in the Unit. A review of hand washing facilities both in patient rooms and in sluice areas has been undertaken and a plan to upgrade these facilities is in place. Management are awaiting clarification on the "status" of the Local Health Offices Minor Capital Plan for 2009. This information has been sought from our colleagues with the estates function. Subject to resources it is likely that any improvement in this situation will not occur until 2010. Management will continue to review practices associated with storage and laundry to ensure risks in such areas are minimised.	March 2010 Ongoing

14. The provider has failed or is failing to comply with a regulatory requirement in the following respect: The complaints policy did not include a nominated person in the centre to deal with all complaints.	
Action required: Identify a nominated person to be available in the centre to deal with all complaints.	
Reference: Health Act 2007 Regulation 39: Complaints Procedures Standard 6: Complaints	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Alice Harding is the HSE nominated person to deal with complaints. This information has been posted on the notice board to inform relatives, residents and visitors to the centre.	October 2009

Recommendations

These recommendations are taken from the best practice described in *the National Quality Standards for Residential Care settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

Standard	Best practice recommendations
Standard 3 (1.1) Information **Providers response:**	Provide name badges for staff members, so that residents may identify them easily. **All staff have been provided with name badges a memo has been sent requesting them to wear them.**
Standard 2: Consultation and Participation **Providers response:**	Record actions taken from the residents' forum meetings and provide feedback to all other residents. **Feedback in written form to be given to all residents following meeting**
Standard 18 Routines and Expectations **Providers response:**	Circulate up to date information on activities to each resident or his/her representative in formats suited to his/her capacities. **A staff member will be designated on a daily basis to inform residents of the activities of the day. A weekly activity programme will be made available to each resident to inform them of the events available each day.**

Any comments the provider may wish to make:

The provider welcomes the inspection process and is looking forward to working with HIQA towards the continuous improvement of service on offer to patients within the care of the elderly unit at Dalkey.

Provider's name: John O'Donovan