

Health Information and Quality Authority  
Social Services Inspectorate

Registration Inspection report  
Designated Centres under Health Act  
2007



<b>Centre name:</b>	Dunabbey House
<b>Centre ID:</b>	0590
<b>Centre address:</b>	Dungarvan Community Hospital
	Dungarvan
	Co Waterford
<b>Telephone number:</b>	058-20900
<b>Fax number:</b>	058-44485
<b>Email address:</b>	paula.french@hse.ie
<b>Type of centre:</b>	<input type="checkbox"/> Private <input type="checkbox"/> Voluntary <input checked="" type="checkbox"/> Public
<b>Registered provider:</b>	Health Service Executive
<b>Person authorised to act on behalf of the provider:</b>	Pat Walsh
<b>Person in charge:</b>	Paula French
<b>Date of inspection:</b>	26 October 2011 and 27 October 2011
<b>Time inspection took place:</b>	<b>Day-1 Start:</b> 10:30hrs <b>Completion:</b> 18:30hrs <b>Day-2 Start:</b> 09:30hrs <b>Completion:</b> 16:00hrs
<b>Lead inspector:</b>	Íde Batan
<b>Support inspector(s):</b>	Day 1 - Una Murphy Day 2 - Caroline Connelly
<b>Type of inspection:</b>	<input checked="" type="checkbox"/> Registration <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

## About registration

The purpose of regulation is to protect vulnerable people of any age who are receiving residential care services. Regulation gives confidence to the public that people receiving care and support in a designated centre are receiving a good, safe, service. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected.

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.

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.

As part of the registration process, the provider must satisfy the Chief Inspector that s/he is fit to provide the service and that the service is in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2009 (as amended).

In regulating entry into service provision, the Authority is fulfilling an important duty under section 41 of the Health Act 2007. Part of this regulatory duty is a statutory discretion to refuse registration if the Authority is not satisfied about a provider's fitness to provide services, or the fitness of any other person involved in the management of a centre. The registration process confirms publicly and openly that registered providers are, in the terminology of the law, "fit persons" and are legally permitted to provide that service.

Other elements of the process designed to assess the provider's fitness include, but are not limited to: the information provided in the application to register, the Fit Person self-assessment, the Fit Person interviews, findings from previous inspections and the provider's capacity to implement any actions as a result of inspection.

Following the assessment of these elements, a recommendation will be made by inspectors to the Chief Inspector. Therefore, at the time of writing this report, a decision has not yet been made in relation to the registration of the named service.

The findings of the registration inspection are set out under eighteen outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended); the *National Quality Standards for Residential Care Settings for Older People in Ireland*. Resident's comments are found throughout the report.

The registration inspection report is available to residents, relatives, providers and members of the public, and is published on [www.hiqa.ie](http://www.hiqa.ie) in keeping with the Authority's values of openness and transparency.

## About the centre

### Location of centre and description of services and premises

Dunabbey House is located just outside the town of Dungarvan in County Waterford.

The premise is single storey, purpose built and has operated as a designated centre for dependent persons since 1974. Though built to accommodate 40 residents, some re-configuration of the service has occurred and currently there is capacity to provide long-term care for 30 residents.

The centre provides residential accommodation for 30 older adults who are independent and require minimal assistance. It operates as a stand alone unit on its own private grounds under the management structure of Dungarvan Community Hospital.

As outlined in the statement of purpose and function if a resident is deemed to require more advanced care, where their dependency levels/needs are beyond the scope of the conditions of residence, arrangement for a more appropriate placement is organised in consultation with the resident, relatives and relevant medical personnel.

Effectively the premises are laid out in two parallel interconnected blocks. The main entrance leads to a spacious lobby from which resident communal area is accessed. There is one central dining room provided. Resident accommodation is provided in 24 single bedrooms with toilet and wash hand basin and three twin bed en suite rooms

Other facilities include three quiet rooms, five male toilets, seven female toilets, a shower room, a bathroom with an assisted bath, activation/ hairdressing room, an oratory, store room, linen room. A sluice room, nursing office, laundry, kitchen and ancillary areas, cleaners store and staff facilities complete the layout of the premises.

The premises are located on a spacious site that provides for an outdoor garden area which is currently in the process of being landscaped. There is closed-circuit television (CCTV) in operation which does not impinge on residents' privacy.

<b>Date centre was first established:</b>	1974
<b>Number of residents on the date of inspection:</b>	21
<b>Number of vacancies on the date of inspection:</b>	9

<b>Dependency level of current residents as provided by the centre:</b>	<b>Max</b>	<b>High</b>	<b>Medium</b>	<b>Low</b>
<b>Number of residents</b>	0	0	20	1
<b>Gender of residents</b>			<b>Male</b> (✓)	<b>Female</b> (✓)
			14	7

### **Management structure**

The Registered Provider is the Health Service Executive (HSE). The designated contact person is Pat Walsh who is the General Manager. Paula French is the Person in Charge and she is supported by two Assistant Directors of Nursing.

As outlined in the organisational structure there are two senior staff nurses who assist the Person in Charge in the daily administration and operational management of the centre.

A team of nursing staff, care staff, catering, administration and cleaning staff attend to the needs of residents on a daily basis. All staff report to the person in charge.

**Summary of 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 report set out the findings of a registration inspection, which took place following an application to the Health Information and Quality Authority (the Authority) for registration under Section 48 of the Health Act 2007.

This inspection was the second inspection of Dunabbey House by the Authority. The first inspection of 7 July 2010 was an unannounced monitoring inspection. On that occasion inspectors found evidence of adequate leadership and that residents' health needs were well met, with a range of external services and multidisciplinary supports and advice sourced. The premises and equipment were suitable for purpose and well maintained and decorated.

A number of areas for improvement were noted, however, and the required improvements are set out in detail in the action plan of that report which can be accessed at [www.hiqa.ie](http://www.hiqa.ie)

Inspectors met with residents, relatives, and staff members over the two day inspection. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. Separate Fit Person interviews were carried out with the provider and the person in charge, both of whom had completed the Fit Person self-assessment document in advance of the inspection. This was reviewed by inspectors, along with all the information provided in the registration application form and supporting documentation.

Prior to the inspection questionnaires were forwarded to the centre for completion by both residents and relatives. Six completed questionnaires were returned and these were also reviewed by the inspector. Responses predominately portrayed a positive experience of life in the centre and the standard of care delivered.

The findings of this inspection are presented under 18 outcome statements. These statements set out what is expected in a designated centre and are based on the requirements of 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*.

Again, the findings of the inspection supported that while improvements were required, the centre was organized, well managed and the care needs of the residents were met to an adequate standard.

The premises was fit for purpose, met the individual and collective needs of residents including residents with specific care requirements and was maintained to a good standard.

The nominated provider, person in charge and staff demonstrated a high level of commitment to the residents and the service.

Residents articulated to inspectors that they experienced a high quality of life in the centre. Staff demonstrated good knowledge of the residents' needs, preferences, likes and dislikes. There was evidence of communication between residents, staff and family members. Overall, inspectors found that residents' wellbeing was central to service provision.

Daily life in the centre aimed to maximise residents' capacity to exercise choice and autonomy as inspectors saw residents going out to day centres and voluntary clubs coming into the centre.

The inspectors were satisfied that staff were committed to meeting the care needs of residents and had available to them good access to advice and support from specialist services and other multidisciplinary health professionals.

Further identified improvements related to development of a more inclusive and person-centred plan of care, reviewing policies and procedures and updating the directory of residents.

The required improvements are described under each outcome statement and are set out in detail in the Action Plan at the end of this report.

#### **Section 50 (1) (b) 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*.**

### **1. Statement of purpose and quality management**

#### **Outcome 1**

*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.*

#### **References:**

Regulation 5: Statement of Purpose  
Standard 28: Purpose and Function

There was a written statement of purpose and function in place and it was an accurate description of the service and the facilities provided. Admission procedures were found to be congruent with the statement of purpose and criteria for admissions. However, minor improvements were required such as whether or not day care facilities were available.

**Outcome 2**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis.*

**References:**

Regulation 35: Review of Quality and Safety of Care and Quality of Life

Standard 30: Quality Assurance and Continuous Improvement

**Inspection findings**

Since the last inspection the person in charge had put in place a system of audit and completed audits included medication management, record keeping, meal satisfaction surveys, dining experience. There was a person centered care committee in operation.

Residents, staff and relatives all reported that routines established at home including meal times and bed times, were facilitated and maintained; there was recognition of the significance of this. Nursing documentation and residents comments confirmed that residents were active participants in their care.

There was a suggestion box in the front porch. There was a residents' committee in operation and inspectors viewed minutes from the last meeting which indicated that residents raised issues and brought forward their experiences and suggestions of care provided.

**Outcome 3**

*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.*

**References:**

Regulation 39: Complaints Procedures

Standard 6: Complaints

**Inspection findings**

Questionnaires completed by relatives and relatives spoken with, reported ready access to management and ease of communication. No resident or relative spoken with had ever made a complaint but reported that they would if necessary.

The written complaints policy and procedure had been revised since the last inspection and now included an independent appeals procedure. A complaints log was in place and the records contained in the log as reviewed by the inspector demonstrated evidence of investigation, the outcome and improvements made.

## **2. Safeguarding and safety**

### **Outcome 4**

*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.*

#### **References:**

Regulation 6: General Welfare and Protection  
Standard 8: Protection  
Standard 9: The Resident's Finances

### **Inspection findings**

Measures had been put in place to protect residents from being harmed or suffering abuse. The person in charge said that all staff had received training in the protection of vulnerable adults and inspectors saw records of this training.

Residents spoken with confirmed that they felt safe in the centre. They primarily attributed this to staff being available to them and their experience of receiving a high standard of care.

A centre-specific policy was available. The person in charge and staff displayed adequate knowledge of the different forms of elder abuse and all were clear on reporting procedures.

Inspectors saw transactions and records in relation to residents' money and other residents' fee payments. Documentation maintained and receipting practices were transparent.

### **Outcome 5**

*The health and safety of residents, visitors and staff is promoted and protected.*

#### **References:**

Regulation 30: Health and Safety  
Regulation 31: Risk Management Procedures  
Regulation 32: Fire Precautions and Records  
Standard 26: Health and Safety  
Standard 29: Management Systems

## Inspection findings

Though improvements were required, overall inspectors were satisfied that there was awareness of, and proactive measures in place to protect and promote the health and safety of residents, staff and visitors.

Staff had access to a concise and pragmatic emergency plan that outlined the measures to be taken in the event of the unexpected loss of essential services. Alternative arrangements were in place for the accommodation of residents in the event of evacuation of the centre. A centre specific health and safety statement was in place and a comprehensive range of risk assessments had been completed for all areas of work and associated work practices. However, responsible persons were not identified in the health and safety statement.

Training records reviewed confirmed that mandatory training requirements for staff in moving techniques in patient care had been met.

Inspectors saw evidence of the implementation of the Hazard Analysis and Critical Control Points (HACCP) food safety management system. Catering facilities were inspected by the relevant Environmental Health Officer (EHO) and recent reports reviewed by the inspector noted that there were some infringements.

Environmental maintenance was an ongoing undertaking and any issues identified by staff were reported to maintenance staff and the local technical services department. Records reviewed by the inspector demonstrated the input of relevant staff from these departments as required and requested.

Inspectors saw evidence that central heating and water temperatures were recorded. Assistive equipment such as wheelchairs and electric beds had recent maintenance checks.

Staff training records reviewed and staff spoken with confirmed that some clinical staff had education and training on the prevention and control of infection. Clinical staff and staff with responsibility for environmental hygiene had a sound understanding of appropriate infection control measures.

Staff were clear and informed when speaking of and caring for residents who were MRSA positive (*Methicillin Resistant Staphylococcus Aureas*). Personal protective equipment, alcohol hand gel and clinical risk waste receptacles were in place as appropriate to the level of risk of infection. Regular and current consignment notes for the removal of clinical risk waste by a recognised contractor were available for inspection.

Fire records were maintained. Fire equipment had been serviced in May 2011 and servicing of fire alarms had taken place in June 2011. There was evidence of regular maintenance on emergency lighting and generators. Eighteen staff had completed fire training in August 2011. Staff spoken with were clear as to the actions to be taken in the event of fire and the safest and most efficient means of evacuating residents to a place of safety.

Inspectors saw that all escape routes were free of obstruction and clearly designated. However, notwithstanding the evidence to support the proactive approach to fire safety, improvements were required. Inspectors saw evidence that an external fire engineer had completed a fire risk assessment in August 2011. However, there was still no evidence of written documentation from a suitably qualified person that all the requirements of the statutory fire authority had been complied with.

Records of accidents and incidents involving residents were maintained. However, record keeping was fragmented. A staff member informed the inspector that they record accidents/incidents and these forms are then sent on to administration. There was no evidence to support a review of accidents, incidents and adverse events such as falls to identify patterns, trends and measures required for improvement to enhance safety and clinical outcomes for residents.

#### **Outcome 6**

*Each resident is protected by the designated centres' policies and procedures for medication management.*

#### **References:**

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines  
Standard 14: Medication Management

### **Inspection findings**

There was evidence of good medication management practices. A medication trolley was in place to address medication administration. Prescribed medications were delivered and unused/unwanted medications were removed as required. Residents who spoke with inspectors were knowledgeable about their medications.

Photographic identification was available on the medication prescription record. There was evidence of three-monthly medication reviews by general practitioners (GPs).

The supply, distribution and control of scheduled controlled drugs was in line with legislation. Nurses were checking the quantity of medications at the start of each shift. There were no controlled drugs in use at the time of inspection.

The nurse displayed a good knowledge of medications and the procedure outlined for administration. A recent medication management audit indicated 100 per cent compliance. Improvements were required, however; inspectors noted that the medication policy was not centre specific and did not reflect practices in the centre. For example: the policy stated that the hospital pharmacy dispensed medication. However, the centre utilised the services of three pharmacies in the town

Inspectors also saw that the medication policy review date was in April 2010 however, it had not been reviewed.

### **3. Health and social care needs**

#### **Outcome 7**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied healthcare. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.*

#### **References:**

Regulation 6: General Welfare and Protection

Regulation 8: Assessment and Care Plan

Regulation 9: Health Care

Regulation 29: Temporary Absence and Discharge of Residents

Standard 3: Consent

Standard 10: Assessment

Standard 11: The Resident's Care Plan

Standard 12: Health Promotion

Standard 13: Healthcare

Standard 15: Medication Monitoring and Review

Standard 17: Autonomy and Independence

Standard 21: Responding to Behaviour that is Challenging

#### **Inspection findings**

Inspectors were satisfied that the health care needs of residents were met to an adequate standard. Inspectors examined five care plans and found that each care plan commenced with a basic comprehensive assessment augmented by a suite of validated assessment tools for dependency, risk of falls and mini mental test score. There was documentary evidence of these being reviewed within the required timescales.

While the care plans were detailed, the ease of retrieval of information, the ability to establish a concise chronological pattern of improvement and or deterioration, the exact care plans that were currently in place for each resident and the ability of the care plan to provide suitable and sufficient evidence-based care was not at all times clear, for example:

- while a suite of evidence-based assessment tools were in use and were reviewed at least three-monthly, in a care plan two assessment tools were in place for assessing mobility.
- the activities of daily living were reviewed rather than the effectiveness of planned nursing interventions and staff adherence to planned care.

- one care plan did not outline resident likes and dislikes in relation to personal hygiene or grooming.

Most admissions were initiated when the resident became unable to manage at home on their own, or when a resident sought the security of having access to staff during the day and night. As outlined in the centre's admission policy if a resident dependency level increases or any dramatic clinical change occurs consultation with the resident, relative and multidisciplinary team takes place regarding transfer to a more appropriate facility.

In the majority of cases the need for admission was initially identified by the resident's GP or the Public Health Nurse (PHN).

Residents informed inspectors that they felt safer and had an improved quality of life and company as a result of the admission despite their initial reluctance to leave their homes. Residents' care plans on social and personal information contained very detailed biographical information, compiled in conjunction with and signed by residents.

There was evidence to support a pro-active approach to the maintenance of health; residents received influenza vaccination, vital signs and body weight were monitored monthly or more frequently where indicated, there was evidence of regular laboratory blood evaluations and referral and review to optical services.

Residents in general had good access to multi-disciplinary services such as physiotherapy, speech and language therapy and dietetics in line with their individualised requirements.

There was evidence of the exchange of comprehensive information when residents were admitted. However the discharge policy however did not outline the procedure to be followed for self-discharge against medical advice or involuntary discharge.

There was evidence of a commitment to residents' social care needs, support of independence and the provision of a quality service consistent with a social model of care.

Activities provided were meaningful and included bingo, cards, music sessions, regular contact with the local community via regular and open visiting times, access to local and national newspapers and other media to ensure they kept in touch with news and events. Some residents told inspectors that they attended the local day centre a couple of times per week.

Residents continued to self care, with minimal support from staff and undertake the kind of pastimes they may have undertaken prior to admission. Residents knitted and did small chores in the house.

Residents confirmed that they had voted in the recent election. They also told inspectors that they could rest in their rooms when they wished and watch television in private in their rooms.

Of note to the inspectors was the ease of communication and concern observed between residents, the respectful communication between staff and residents and the general freedom of movement and independence of the residents.

#### **Outcome 8**

*Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.*

#### **References:**

Regulation 14: End of Life Care  
Standard 16: End of Life Care

#### **Inspection findings**

There was no resident receiving end-of-life care at the time of inspection. A staff member informed inspectors if there was a sudden deterioration in a resident's condition they would be transferred to the acute services.

Mass was transmitted on a daily basis via video link from the church in the community hospital, residents could attend also if they wished. Arrangements were in place to accommodate other religious denominations as told to inspectors by staff.

#### **Outcome 9**

*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.*

#### **References:**

Regulation 20: Food and Nutrition  
Standard 19: Meals and Mealtimes

#### **Inspection findings**

Inspectors saw adequate and varied stocks of fresh, frozen and dried food products. Catering staff spoken with were knowledgeable as to residents' dietary preferences and specific dietary requirements. Catering staff had direct access to the dining room and told inspectors that this allowed them to meet and receive feedback directly from the residents.

There was good interaction observed between staff and residents during the meal time. Residents had access to regular nutritious and appetising snacks, including soup and home baking. Residents confirmed that what was observed by inspectors

during the inspection is the normal procedure and inspectors also observed snacks available to residents in the late evening.

There was a policy on monitoring and documentation of nutritional intake. The inspector reviewed nutritional assessments and observed that there was dietetic input when required.

#### **4. Respecting and involving residents**

##### **Outcome 10**

*Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.*

##### **References:**

Regulation 28: Contract for the Provision of Services

Standard 1: Information

Standard 7: Contract/Statement of Terms and Conditions

##### **Inspection findings**

Contracts of care were in place. Contracts reviewed were agreed within one month of admission to the centre and agreed and signed by either the resident or the responsible family member.

Contracts, however, did not outline the services provided outside of the fee and the charges to be levied for such services.

##### **Outcome 11**

*Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.*

##### **References:**

Regulation 10: Residents' Rights, Dignity and Consultation

Regulation 11: Communication

Regulation 12: Visits

Standard 2: Consultation and Participation

Standard 4: Privacy and Dignity

Standard 5: Civil, Political, Religious Rights

Standard 17: Autonomy and Independence

Standard 18: Routines and Expectations

Standard 20: Social Contacts

## Inspection findings

Given the informal visiting policy of the centre, there were opportunities for relatives to give feedback to staff on a regular basis and relatives confirmed that they felt reassured and comfortable in doing this.

Family and social relationships were encouraged through the open visiting policy. Relatives who spoke with inspectors had a well rounded view of how the centre operated at different times of the day, as they were free to call at any time.

Inspectors observed good interactions between staff and residents. Inspectors observed staff knocking before entering residents' rooms. There was a high visibility of staff in communal areas observed chatting freely with residents. Residents stated that they could talk to staff at any time. Residents confirmed that they could make individual choices and these were respected.

Given the predominance of single accommodation securing privacy was not a problem. Notwithstanding the predominance of single rooms the provider had also provided two designated visitors' rooms.

Colourful postcards had been made for each resident's bedroom which indicated places and hobbies of particular interest to each resident. Residents confirmed that they have choice as to their daily routines such as getting up and going to bed. Residents are free to leave the centre as they wish, walk in the grounds, or go to town and are only required to let staff know if they are leaving.

Residents were seen to have good access to radios, televisions, newspapers and personal mobile phones. There are four advocacy officers available and contact details were available on the resident's notice board.

### **Outcome 12**

*Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.*

#### **References:**

Regulation 7: Residents' Personal Property and Possessions

Regulation 13: Clothing

Standard 4: Privacy and Dignity

Standard 17: Autonomy and Independence

## Inspection findings

Inspectors observed that the personal grooming of residents was met to a good standard and this standard of attention was confirmed as consistent by residents. A laundry service was provided and staff spoken with by inspectors were aware of

their responsibilities in relation to the laundering and safe return of residents' personal clothing.

Housekeeping staff also demonstrated competency in relation to infection control practices, had the required equipment available to them and clearly outlined the processes for grading and managing different categories of laundry.

Residents' bedrooms were homely and personalised with memorabilia such as family photographs and religious items. Adequate storage space was provided for the storage of personal items and clothing in both single and twin bedrooms.

## **5. Suitable staffing**

### **Outcome 13**

*The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.*

#### **References:**

Regulation 15: Person in Charge

Standard 27: Operational Management

### **Inspection findings**

The person in charge was a registered general nurse, was employed full-time and had been employed in the centre as person in charge since 2010. Inspectors saw that the nominated registered provider was supportive and available to the person in charge who had autonomy, accountability and responsibility in relation to the organisation and management of the centre and services provided on a daily basis.

The person in charge demonstrated evidence of continuing professional development to assist her in exercising her clinical and managerial responsibilities and had completed education in health service management.

The person in charge had adequate knowledge of 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* to allow her to fulfil her role and legislative responsibilities.

Systems were in place to ensure that the person in charge was adequately supported and the centre was appropriately governed and organised. There were two senior staff nurses based in the centre who worked on opposite shifts. Inspectors observed that the senior nurse present on both days of inspection had a sound understanding of her role, duties and responsibilities in relation to the daily operational running of the centre and enhancing clinical outcomes for residents.

**Outcome 14**

*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.*

**References:**

Regulation 16: Staffing

Regulation 17: Training and Staff Development

Regulation 18: Recruitment

Regulation 34: Volunteers

Standard 22: Recruitment

Standard 23: Staffing Levels and Qualifications

Standard 24: Training and Supervision

**Inspection findings**

Inspectors were satisfied that the current staffing levels and skill mix were adequate to meet the care needs of the current profile of residents given their dependency levels and care requirements. Rosters were reviewed, they were clearly presented and the inspector easily retrieved the required information from them in relation to skill-mix and consistency of staffing levels. Sufficient catering, environmental, hygiene and administration staff were employed.

There was evidence to support that the provider and the person in charge understood the importance of robust recruitment procedures. A sample of staff files were reviewed, they were well maintained and largely contained all of the required documentation as prescribed in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Improvements were required in relation to the verification of references. References for staff reviewed were largely of a testimonial type and there was no evidence to support their verification by the provider.

There was evidence of nurses' current registration with An Bord Altranais in place for all nurses employed. All staff spoken with were clear as to the roles of the person in charge and senior staff nurses and their reporting relationships.

A review of staff training records demonstrated that the primary focus of the staff training programme was mandatory training requirements such as manual handling, fire safety, elder abuse training and health and safety training.

Some nursing staff had attended medication management training and the management of challenging behaviours; one care staff had completed FETAC Level 5 (Further Education and Training Awards Council).

## **6. Safe and suitable premises**

### **Outcome 15**

*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.*

### **References:**

Regulation 19: Premises

Standard 25: Physical Environment

### **Inspection findings**

The premises was purpose built to a good standard in 1974 and has been well maintained in the intervening period. It was in good decorative order, appropriately heated, lighted and ventilated. The design and layout of the premises facilitated the fulfilment of the stated aims and objectives of the statement of purpose. Residents and relatives spoke of how the physical environment allowed them both space and privacy.

Inspectors saw that the size and layout of bedrooms were sufficient to meet the requirements of residents. Shared bedrooms were appropriately screened to offer privacy to each occupant and separate and segregated storage space was provided.

Though fit for its stated purpose there have been recent further changes to the physical environment to enhance its compliance with the *National Quality Standards for Residential Care Settings for Older People in Ireland* and other relevant legislation. There are now four designated private meeting areas. Residents had adequate communal and dining space.

Circulation areas were well equipped with hand rails and again inspectors saw that they were sufficiently wide and free of obstructions to allow ease of access for residents.

The call bell system was in good working order, was serviced in May 2011 and inspectors noted that staff responded promptly to call bells.

The standard of environmental hygiene was high and residents and relatives told inspectors that the centre was always "spotless".

Staff were provided with suitable, storage, changing and dining facilities.

The external grounds were suitable for the use of residents, were free from any obvious hazards and were well maintained.

The premises did not contain the required number of assisted baths/showers for the number of residents living in the centre as outlined in the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

## **7. Records and documentation to kept at a designated centre**

### **Outcome 16**

*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).*

### **References:**

Regulation 21: Provision of Information to Residents

Regulation 22: Maintenance of Records

Regulation 23: Directory of Residents

Regulation 24: Staffing Records

Regulation 25: Medical Records

Regulation 26: Insurance Cover

Regulation 27: Operating Policies and Procedures

Standard 1: Information

Standard 29: Management Systems

Standard 32: Register and Residents' Records

### **Inspection findings**

*\* Where "Improvements required" is indicated, full details of actions required are in the Action Plan at the end of the report.*

### **Resident's guide**

Substantial compliance

Improvements required\*

### **Records in relation to residents (Schedule 3)**

Substantial compliance

Improvements required\*

#### **General records (Schedule 4)**

Substantial compliance

Improvements required\*

#### **Operating policies and procedures (Schedule 5)**

Substantial compliance

Improvements required\*

The suite of policies in place satisfied the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). However many policies were generic, had not been reviewed by the management team, were not centre specific and did not reflect practices in the centre.

#### **Directory of residents**

Substantial compliance

Improvements required\*

The directory of residents was not in accordance with the regulations. Omissions included the address and telephone numbers of GP's.

#### **Staffing records**

Substantial compliance

Improvements required\*

A system was required to ensure the authenticity of staff references.

#### **Medical records**

Substantial compliance

Improvements required\*

#### **Insurance cover**

Substantial compliance

Improvements required\*

#### **Outcome 17**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**References:**

Regulation 36: Notification of Incidents

Standard 29: Management Systems

Standard 30: Quality Assurance and Continuous Improvement

Standard 32: Register and Residents' Records

**Inspection findings**

Examination of the accident and incident logs demonstrated that notifications of incidents as required by the regulations had been issued to the Authority.

**Outcome 18**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

**References:**

Regulation 37: Notification of periods when the Person in Charge is absent from a Designated Centre

Regulation 38: Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre

Standard 27: Operational Management

**Inspection findings**

There had been no expected or unexpected absence of the person in charge of a duration that required notification to the Chief Inspector. The person in charge and the nominated provider were aware of the notification requirements.

## Closing the visit

At the close of the inspection visit a feedback meeting was held with the nominated provider, hospital manager, person in charge, two assistant directors of nursing and senior staff nurse, to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

### **Acknowledgements**

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

### ***Report compiled by:***

Íde Batan  
Inspector of Social Services  
Social Services Inspectorate  
Health Information and Quality Authority

8 November 2011

### Provider's response to inspection report\*

<b>Centre:</b>	0590
<b>Centre ID:</b>	Dunabbey House
<b>Date of inspection:</b>	26 October 2011 and 27 October 2011
<b>Date of response:</b>	28 November 2011

### Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007, 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 1: Statement of purpose and quality management*

#### **1. The provider is failing to comply with a regulatory requirement in the following respect:**

The statement of purpose did not consist of all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

#### **Action required:**

Compile a statement of purpose that consists of all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

#### **Reference:**

Health Act 2007  
Regulation 5: Statement of Purpose  
Standard 28: Purpose and Function

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

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:  Amendment to Statement of Purpose to indicate that day care facilities are not available in Dunabbey House.	16 December 2011

***Outcome 2: Reviewing and improving the quality and safety of care***

<p><b>2. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>The existing system of audit did not demonstrate any evidence of change, improvement or enhanced clinical, safety and quality outcomes for residents.</p>
<p><b>Action required:</b></p> <p>Establish and maintain a system for reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals. The system established identifies omissions and improvements required.</p>
<p><b>Action required:</b></p> <p>The registered provider shall make a report in respect of any review conducted by them for the purposes of article 35(1) and make a copy of the report available to residents and, if requested, to the Chief Inspector.</p>
<p><b>Reference:</b></p> <p>Health Act 2007            Regulation 35: Review of Quality and Safety of Care and Quality of Life            Standard 30: Quality Assurance and Continuous Improvement</p>

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:  Reviews of audit was in place and on residents file at time of inspection and available to residents	Completed

***Outcome 5: Health and safety and risk management***

<p><b>5. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>Collectively, the health and safety and risk management documentation did not meet the</p>
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requirements of legislation.	
<b>Action required:</b>	
Provide to the Chief Inspector, together with the application for registration or renewal of registration, written confirmation from a competent person that all the requirements of the statutory fire authority have been complied with.	
<b>Action required:</b>	
Ensure that written operational policies and procedures relating to the health and safety, including food safety, of residents, staff and visitors are reviewed and include named responsible persons.	
<b>Action required:</b>	
Ensure that the risk management policy covers the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.	
<b>Reference:</b>	
<ul style="list-style-type: none"> <li>Health Act 2007</li> <li>Regulation 31: Risk Management Procedures</li> <li>Regulation 32: Fire Precautions and Records</li> <li>Standard 26: Health and Safety</li> <li>Standard 29: Management Systems</li> </ul>	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
<p>Provider's response:</p> <p>EOBA Fire Inspection planned for Friday 13 January 2012, following which we would anticipate receipt of the Fire Cert.</p> <p>Accident log on site identifying specific accidents for example trips and falls, challenging behaviour etc, identifying times of accidents.</p> <p>Audit of same on regular basis. Action plan system in place to follow up on any incident/accident that is reported. Copies of accident report forms maintained on unit as well as copy forwarded to HSE and Health and Safety division.</p>	20 January 2012

***Outcome 6: Medication management***

<p><b>6. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>The medication management policy was not centre specific and did not reflect practices in the centre.</p>
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<b>Action required:</b>	
Put in place appropriate and suitable practices and centre specific 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.	
<b>Reference:</b>	
Health Act 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Medication management policy currently under review	19 December 2011

***Outcome 7: Health and social care needs***

<b>7. The person in charge is failing to comply with a regulatory requirement in the following respect:</b>
The ability of the care plan to provide suitable and sufficient evidence based care was not at all times clear.
Discharge policy did not outline the procedure to be followed for self-discharge against medical advice or involuntary discharge.
<b>Action required:</b>
Review the care plans and the process of care planning. Ensure that the care plan is an integrated and accurate organising framework of the resident's care and clearly sets out the resident's most recent assessment, current identified needs, current plan of care and each evaluation of that care. Ensure that nursing assessment tools are specific and valid to the resident and care setting and ensure a high standard of evidence based nursing.
<b>Action required:</b>
Review the discharge policy to include guidelines for all staff on the procedure to be followed should a resident wish to discharge him or herself; or any occasion and the circumstances in which the provider may wish to discharge a resident to ensure that the resident is discharged in a planned, equitable and safe manner.
<b>Reference:</b>
Health Act 2007 Regulation 8: Assessment and Care Plan Regulation 29: Temporary Absence and Discharge of Residents

Standard 10: Assessment Standard 3: Consent Standard 10: Assessment Standard 11: The Resident's Care Plan Standard 17: Autonomy and Independence	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  All nursing documentation / policy under review at present. Trial of nursing care plan in progress, plan to review/audit in May 2012.	28 November 2011

***Outcome 10: Contract for the provision of services***

<b>10. The provider is failing to comply with a regulatory requirement in the following respect:</b>  Contracts of care did not specify the services that were provided outside of the agreed contract and the fees to be charged for such services.	
<b>Action required:</b>  Ensure each resident's contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident including details of services provided outside of the agreed contract and the fees to be charged for such services.	
<b>Reference:</b> Health Act 2007 Regulation 28: Contract for the Provision of Services Standard 1: Information Standard 7: Contract/Statement of Terms and Conditions	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Contract of care reviewed and amended	1 December 2011

***Outcome 14: Suitable staffing***

<b>14. The person in charge is failing to comply with a regulatory requirement in the following respect:</b>  There was no evidence to support the verification of staff references.	
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<p>The staff training and development programme did not encompass the care requirements of residents as they presented on a daily basis to ensure that all staff had the required knowledge to enable them to provide care in accordance with contemporary evidence-based practice.</p>	
<p><b>Action required:</b></p> <p>Provide all staff members with access to education and training based on an assessment of the needs of the residents to enable them to provide care in accordance with contemporary evidence-based practice.</p>	
<p><b>Action required:</b></p> <p>Put in place recruitment procedures to ensure the authenticity of the staff references referred to in Schedule 2.</p>	
<p><b>Reference:</b></p> <ul style="list-style-type: none"> <li>Health Act 2007</li> <li>Regulation 16: Staffing</li> <li>Regulation 17: Training and Staff Development</li> <li>Regulation 18: Recruitment</li> <li>Standards 22: Recruitment</li> <li>Standard 24: Training and Supervision</li> <li>Standard 23: Staffing Levels and Qualifications</li> </ul>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Timescale:</b></p>
<p>Provider's response:</p> <p>The practice in place regarding references is that references are requested in writing by the Hospital Administrator. All references are checked for completion, signature and date. Verification of authenticity is sought from referee by Hospital Administrator prior to being filed to appropriate personnel file.</p>	<p>Completed</p>

***Outcome 15: Safe and suitable premises***

<p><b>15. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>The premises does not meet the requirements of legislation.</p>
<p><b>Action required:</b></p> <p>Provide additional toilet facilities that are wheelchair accessible identified for use by visitors.</p>

<b>Action required:</b>	
Provide at least one assisted bath or shower to 11 residents.	
<b>Reference:</b>	
Health Act 2007 Regulation 19: Premises Standard 25: Physical Environment	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:	
Improvements included in 2012 service plan	31 December 2012

***Outcome 16: Records and documentation to be kept at a designated centre***

<b>16. The provider is failing to comply with a regulatory requirement in the following respect:</b>
Policies and procedures were not reviewed and were not centre specific.
The directory of residents was not consistently maintained.
<b>Action required:</b>
Review all the written operational policies and procedures of the designated centre on the recommendation of the findings of this inspection. Policies are dated, have a clear review date and are appropriately referenced to support a high standard of evidence based nursing practice.
<b>Action required:</b>
Ensure that the directory of residents includes the information specified in Schedule 3 paragraph (3) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 as amended.
<b>Reference:</b>
Health Act 2007 Regulation 27: Operating Policies and Procedures Regulation 23: Directory of Residents Standard 32: Register and Residents' Records Standard 29: Management Systems

<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Policies and procedures currently under review. Directory of Residents reviewed and amended as per schedule.	1 February 2012

**Any comments the provider may wish to make:**

**Provider's response:**

As registered provider for Dunabbey House, I welcome the report from HIQA, which will inform and determine improvements in terms of quality patient care. I would also like to acknowledge the work of the staff in Dunabbey House in bringing the quality of care up to the standard to which it is today, and I am sure that they will embrace the recommendations from this report in the interest of further improving the quality of care for the residents of Dunabbey House.

**Provider's name:** Pat Walsh

**Date:** 28 November 2011

**Revised Date:** 6 January 2012