



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

Issued by the Chief Inspector

Name of designated centre:	Darraglynn Nursing Home
Name of provider:	Darraglynn Nursing Home Limited
Address of centre:	Carrigaline Road, Douglas, Cork
Type of inspection:	Unannounced
Date of inspection:	28 September 2023
Centre ID:	OSV-0000220
Fieldwork ID:	MON-0041582

About the designated centre

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

Darraglynn Nursing Home is a family run designated centre and is located within the suburban setting of Douglas, Cork city. It is registered to accommodate a maximum of 25 residents. It is a single storey building with a basement that accommodates the laundry, storage and staff facilities. The centre is set out in two wings named Lucey and Féileacháin (butterfly). Bedroom accommodation comprises 21 single bedrooms and two twin bedrooms; 20 single bedrooms and one twin room have full en suite facilities of shower, toilet and wash-hand basin; one single and one twin room have wash hand basin facilities in their bedroom. Additional shower and toilet facilities are available throughout the centre. Communal areas comprise the sitting room, dining room conservatory and quiet visitors' library room. Darraglynn Nursing Home provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, respite and palliative care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	26
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 28 September 2023	09:00hrs to 17:30hrs	Robert Hennessy	Lead

What residents told us and what inspectors observed

Overall the registered provider supported residents to have a good quality of life in the designated centre. All residents and visitors spoken with on the day of inspection were very complimentary of the service provided. The inspector met with many residents during the inspection and spoke with five in more detail.

On arrival for this unannounced inspection, the inspector was greeted by the deputy person in charge. The person in charge, who came in on their scheduled day off, arrived at the centre a short time later. A walk around of the centre was undertaken with the deputy person in charge and on completion, an opening meeting was undertaken with the person in charge and the deputy person in charge.

There were 26 residents living in Darraglynn Nursing Home on the day of inspection, this was an increase from the previous inspection of one, with an extra room converted recently for single occupancy. The centre was situated on a sloped site with resident accommodation on the ground floor and facilities such as the laundry and storage in the basement, with secure access to this level to the rear of the building. The main entrance was wheelchair accessible. HIQA registration certification, the main fire safety panel with associated information, complaints procedure, suggestion box, advocacy services and CCTV information, were all located at reception.

There were 22 single rooms and two twin rooms for residents, with 20 single rooms and one twin room having an en-suite facilities of shower, toilet and wash hand sink. The twin room and two single rooms without en suites had access to a bathroom and shower facilities in close proximity. Bathroom and shower facilities were available near communal areas of the centre also.

The centre was bright and clean and well maintained throughout. The main day room was bright and comfortable with a large television screen with books, ornaments and photographs on display. There was a comfortable seating area at reception where residents could sit and relax. The nurses' station was located at reception and the day room used by the majority of the residents was easily accessible here. There were two more rooms which could be used by residents as a quiet space and also for visitors when they came to the centre.

On the walk around residents were seen meeting in the dining area for breakfast, others were having their breakfast in their rooms with residents choosing what they wanted for the meal. Residents were also being supported by staff with personal care. Residents were offered the opportunity to get up when they wished and in accordance with their needs.

Residents bedrooms were personalised and suitably decorated. Residents had brought in furniture such as a side board and armchairs to personalise their rooms. Bedrooms were further personalised with pictures and ornaments belonging to the

residents. Some residents spoke fondly with the inspector about personal items they had brought with them to the centre.

The sluice room (a room used for the safe disposal of human waste and disinfection of associated equipment) was secured by keypad access, there were separate sinks for hand-washing and sluicing purposes. Catering staff had separate changing facilities to care staff in line with best practice. There was keypad access to the basement to the laundry, storage, staff dining room and staff facilities. Appropriate work-flows were seen in the laundry with signage on doors highlighting entry and exit. There was a separate hand-wash sink and laundry sink available.

Emergency evacuation plans were on display throughout the centre. These displayed the primary and secondary escape routes and orientated people to their position in the building. The plans were colour coded to help identify each compartment. New fire doors had been installed since the previous inspection and the doors checked operated correctly and closed without any gaps.

Mid morning and afternoon snack rounds staff were seen offering residents a choice of tea or juices with snacks. Lunch time and tea time meals were observed and residents were served and assisted in a relaxed and social manner. Choice was available to residents and there was a cold and hot option available at tea time. Most residents opted for the hot option on the day of inspection. The dining room was a large bright room which opened into a conservatory with views of the enclosed garden. Tables were set for residents with cutlery and condiments prior to residents coming to the dining room for their meal. Residents were offered choice for their meals and gave positive feedback of the quality of the food served and the choice. Meals were well presented including modified meals. One residents was heard talking with staff saying that they "nearly licked the plate" following the tea time meal.

There was enclosed garden available to resident and could be easily accessed through the dining area. There was different seating areas in the garden and it was well maintained.

On the morning of inspection residents were seen having beauty therapy with the activity co-ordinator. In the afternoon many of the residents took part in an interactive physiotherapy session with the physiotherapist who visited once a week for these sessions. Residents were heard interacting and having humorous conversations with the physiotherapist at this time. While the physiotherapist was in attendance the activity co-ordinator provided various 1:1 activities for residents unable to attend the physiotherapy session.

Staff were observed throughout interacting with the residents in a positive and respectful manner.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

Overall, Darraglynn Nursing Home was a well-managed centre where residents received good quality care and services. The management team were proactive in response to issues as they arose and were freely available to staff, residents and visitors should they have queries. The registered provider had ensured that the designated centre had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.

This was an unannounced inspection conducted by an inspector of social services, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. There was evidence that the registered provider and team of staff were committed to ongoing quality improvement, for the benefit of the residents who lived in the centre.

Darraglynn Nursing Home is a residential care setting operated by Darraglynn Nursing Home Limited. It is registered to accommodate 26 residents. The organisational structure comprised of the nominated person representing the registered provider, person in charge and deputy person in charge.

The person in charge and deputy person in charge were supported by a team of nurses, care staff, housekeeping, catering staff, administration staff and an activity coordinator. The person in charge worked in the centre full time and had the relevant experience and qualifications necessary. It was evident that staff positively engaged with residents in a kind and relaxed manner and a rights-based approach to care delivery was promoted.

The provider ensured that there were sufficient resources available to ensure effective delivery of good quality care and support to residents. The inspector found that there was an adequate number and skill mix of staff to meet the assessed needs of residents. The person in charge and the deputy person in charge were available to provide oversight and support to staff working at weekends. The staff training matrix was reviewed and showed that mandatory staff training was up to date. Staff undertook other training outside the mandatory training which was relevant to their role.

The insurance certificate viewed was up to date and suitable for the centre. The statement of purpose, for the centre, required updating with incorrect staffing levels listed as well not being updated in line with the latest regulatory changes in relation to complaints. Management of records within the centre required oversight. Some records requested by the inspector were unavailable and were submitted subsequent to the inspection. An annual review had been completed for 2022, but evidence of feedback and consultation with residents was lacking.

Quality improvement meetings took place monthly, along with regular resident meetings and staff meetings. Actions were identified in these meetings and plans

put in place to address these actions. There was evidence of consultation with residents and actions taken when residents voiced concerns. There was a schedule of audits in place with corrective actions identified and completed.

There was a complaints procedure which was displayed at the centre and staff and residents who spoke with the inspector were aware of how to make a complaint. The arrangements for the review of accidents and incidents within the centre was robust and from a review of the incident log maintained at the centre, incidents were notified to the Chief Inspector in line with legislation.

Regulation 14: Persons in charge

The person in charge was a registered nurse who was full time in post and had the necessary experience and qualifications as required in the regulations. He positively engaged with the regulator during the inspection.

Judgment: Compliant

Regulation 15: Staffing

There was ample evidence that the centre was adequately staffed to meet the ongoing needs of residents. Staffing levels were suitable for the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Mandatory training provided to staff was up to date and there was a clear plan to complete more refresher training before the end of the year to ensure that staff remain up to date with training to support them in their roles.

Judgment: Compliant

Regulation 21: Records

On the day of inspection some documentation in relation to the governance and management of the centre were not easily accessible and were not made available

to the inspector. Some records were stored off site. These were submitted following the inspection for review.

Judgment: Substantially compliant

Regulation 22: Insurance

The insurance policy for the centre was viewed and found to be appropriate for the centre

Judgment: Compliant

Regulation 23: Governance and management

The governance and management systems in place were generally appropriate for the centre. However some areas required action:

- oversight of the management of records
- evidence of resident consultation was not reflected in the annual review of the centre.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

Initially, the statement of purpose did not correctly reflect the staffing levels available in the centre and did not contained adequate information regarding complaints. This was amended immediately to meet the regulatory requirements.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of notifiable incidents was being maintained in the centre. Based on a review of a sample of incidents, the inspector was satisfied that notifications had been submitted as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was implemented in practice and a complaints log was maintained. The person in charge maintained robust oversight of complaints and followed up with complainants to ensure they were happy with the outcome. Actions required in this area are discussed under Regulation 3.

Judgment: Compliant

Quality and safety

In general, the inspector found that residents had a good quality of life in the centre with their health care and well being needs being met by the provider. Residents and visitors spoken with, during the inspection, were very positive about the care and support of their family members in the centre. The inspector saw that care and support of the residents was delivered in a person centred and respectful manner.

Residents had visitors throughout the day and there was enough communal space to accommodate these visits. Visitors were actively encouraged to visit loved ones in the centre.

Residents had good access to general practitioner services and medical notes showed regular reviews by their general practitioners. Multi-disciplinary team access for residents was evident in the care documentation reviewed. Timely referrals were requested to specialist services and residents had access to dietitian, tissue viability nurse and palliative care team for example.

Residents' care plans that were viewed were comprehensive. Validated assessments were used to inform care and appropriate guidance was given to staff to deliver care to residents.

The premises was suitably decorated and well maintained. Action had been taken to resolve the lack of suitable space in bedrooms from previous inspections. Residents' rooms were very personalised with residents and family members actively encouraged to bring personal items and furniture into their rooms.

Each resident had a current personal emergency evacuation plan. Appropriate quarterly and annual fire certification was in place. Daily fire safety checks were comprehensively maintained. Staff had up-to-date fire safety training and regular fire drills and evacuations were completed.

Residents had access to choice at mealtimes. Meals appeared nutritious and well presented. Food was available throughout the day. Residents' hydration and nutrition needs were assessed, regularly monitored and met. There was sufficient staff available at mealtimes to assist residents with their meals.

The centre did not act as a pension agent for any of their residents. Personal items and valuables handed in for safekeeping were managed appropriately.

Regulation 11: Visits

Visits were facilitated throughout the day in the centre with visitors having options of areas where they could visit their friends and family members. Visitors spoken with by the inspector were happy with the service their family members were receiving.

Judgment: Compliant

Regulation 17: Premises

The premises was well maintained with ample enclosed outdoor space for the residents. Residents' bedrooms were well laid out with ample communal and private space for the residents in the centre.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents gave positive feedback about the quality of their meals and the choice offered to them. Meals were seen to be well presented. Residents were offered refreshments throughout the day and staff socially interacted with residents when providing snacks and meals.

Judgment: Compliant

Regulation 27: Infection control

The centre was very clean. Systems were in place for storage of items to prevent

cross contamination. Laundry in the centre was managed in an appropriate manner.

Judgment: Compliant

Regulation 28: Fire precautions

The fire safety management folder was examined. Fire safety training was up-to-date for all staff working in the centre. Residents had personal emergency evacuation plans in place. Appropriate service records were in place for the maintenance of the fire fighting equipment, fire detection system and emergency lighting. The provider had undertaken a number of fire safety drills regularly in the centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medicines and pharmaceutical services in the centre were well managed and medications were administered in adherence with best practice guidelines.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans were well maintained and contained relevant information about the care and social needs of residents to facilitate the provision of care. The inspector saw that care plans were personalised and supported by clinical risk assessments using validated tools and were seen to contain sufficient detail to guide staff. These were updated four monthly or more frequently if residents' needs changed.

Judgment: Compliant

Regulation 6: Health care

Residents had good access to GP services and multidisciplinary team specialist services including physiotherapy, occupational therapy, dietitian, tissue viability and palliative care for example.

Judgment: Compliant

Regulation 8: Protection

Residents' finances were well managed along with the safe keeping of valuables for the residents. The centre did not act as a pension agent for any resident.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that residents' right and choices were promoted and respected in the centre. Residents could engage in appropriate activities in relation to their interests. There was a dedicated activity staff present in the centre to facilitate this. Formal residents' meetings took place regularly where relevant issues were discussed and actions taken to address these issues was evident.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Darraglynn Nursing Home OSV-0000220

Inspection ID: MON-0041582

Date of inspection: 28/09/2023

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: PIC has immediately submitted the documents on the next day of inspection and ensured all documents are readily available onsite from 29.09.2023. The Clinical Governance committee will ensure all records are up to date and are available onsite by using a monthly audit.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: PIC has developed an action plan to improve the management of records and the clinical governance committee will evaluate the progress monthly. The action plan includes a checklist to ensure all records are safe, accurate, valid, reliable, timely, relevant, legible, and complete. PIC has updated the Centre's annual review report 2022 by including resident survey results and resident's meeting records on 29.09.2023.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	29/09/2023
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	29/09/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	29/09/2023
Regulation 23(e)	The registered provider shall ensure that the	Substantially Compliant	Yellow	29/09/2023

	review referred to in subparagraph (d) is prepared in consultation with residents and their families.			
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