



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

Issued by the Chief Inspector

Name of designated centre:	Harbour Lights Nursing Home
Name of provider:	Caring Hands Limited
Address of centre:	Townasligo, Bruckless, Donegal
Type of inspection:	Unannounced
Date of inspection:	14 January 2025
Centre ID:	OSV-0000345
Fieldwork ID:	MON-0043664

About the designated centre

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

Harbour Lights Nursing Home is located in a residential area a short drive from the town of Killybegs, overlooking Killybegs Harbour. It is registered to provide 24-hour care for 56 male and female residents over the age of 18 who have a range of care needs, including dementia. The philosophy of care, as described in the statement of purpose, involves every member of the care team sharing a common aim to improve the quality of life of each resident. The designated centre is in a two-storey building. The bedroom accommodation is comprised of 16 single rooms, nine double rooms, two three-bedroom rooms, and four four-bedroom rooms. There are sufficient communal areas for residents to sit, socialise and eat their meals in comfort. There is also an oratory, a smoking room and a safe garden area that are all readily accessible to residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	55
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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
Tuesday 14 January 2025	10:00hrs to 16:55hrs	Nikhil Sureshkumar	Lead

What residents told us and what inspectors observed

Overall, the feedback from the residents was highly positive. The inspector observed that the residents generally enjoyed a good quality of life in this centre; however, additional focus is now required to ensure that the centre's premises support residents' privacy needs.

The inspector met with many of the residents living in the centre. The residents who spoke with the inspector said that they were happy about the care and service provided in the centre and spoke highly of all staff. Residents said that staff attended to their needs promptly and commented that the food provided to them is always of good quality.

The centre has a spacious car parking facility at the rear side of the building, which supports residents and families accessing this service. The entrance of this centre leads to a reception area, which is staffed and facilitates easy access for residents and visitors. Information for residents and visitors, such as the residents' guides, inspection reports, centre's registration certificate and complaints procedure, were displayed in this reception area.

Following a brief introductory meeting with the management team, the inspector went for a walk around to observe what life was like in this centre. The centre's communal areas were well-maintained and had a homely feel. There were musical instruments and comfort chairs in communal rooms, which created a welcoming ambience to encourage residents to meet and socialise in this centre.

There were several communal toilets available for residents in this centre. The communal toilet facilities appeared clean; however, the toilets on the ground floor near the day rooms were cubicle-style and did not have floor-to-ceiling walls dividing each toilet to ensure the privacy and dignity of residents. This issue was a repeated finding from the previous inspections.

Residents were accommodated in a mixture of single and multi-occupancy rooms on the ground floor and first floor. Access to the centre's first floor is available via stairs and a lift. The inspector visited some of the bedrooms and found that the residents' rooms and personal storage areas were kept neat and tidy. Several residents' bedrooms were beautifully decorated with their personal items, such as comfort chairs, photo albums and other cherished belongings. Nonetheless, the configuration of four four-bedded rooms and two three-bedded rooms was not appropriately laid out to meet the privacy needs of residents who required specialist equipment, such as a full-body hoist.

The centre appeared visibly clean. The sluice room and laundry were well-maintained. Systems were in place to ensure that the clinical equipment and clinical

rooms were kept clean. The inspector also observed that the outdoor areas of the centre were well-maintained.

The centre has an indoor garden, which was well-maintained and has ample space and garden features. The centre's internal garden area can be accessed from a day room and from corridors; however, one access door from a corridor was found to be locked. The inspector was informed that the door was damaged and awaiting replacement, and hence, it was kept locked to ensure the safety of residents. The provider had also created a safe outdoor garden near the rear carpark, and the inspector observed that works were in progress.

The inspectors observed that residents could choose where to spend time in the centre. Several residents were found to be in the company of staff in communal areas, whereas some were found relaxing in their rooms. Staff presence was consistently available in all communal areas, where they were observed supervising and addressing residents' personal care requirements. This was an improvement from the last inspection.

Staff interactions with residents were found to be respectful and supportive. The inspector observed staff following appropriate people-moving and handling techniques. For example, two staff members were available to assist some residents during transfers from the chairs, providing the necessary support to ensure the resident's safety and comfort. The inspector also observed that residents' privacy and dignity were upheld throughout care interventions.

The centre had an activity schedule, and staff allocated to provide activities facilitated residents' participation in activities, such as arts and crafts, reading and bingo during the afternoon hours. The inspector found residents engaged in meaningful activities, such as knitting, arts and crafts, and reading during the afternoon hours. Residents also had access to television, newspapers, and radios in communal rooms.

The centre's dining room was found to be well-laid out, providing adequate seating for residents to enjoy their meals comfortably. The food served was well-presented, including textured diets, and appeared wholesome and nutritious. Additionally, residents received regular refreshments in communal day rooms and individual resident's bedrooms throughout the day. The feedback from residents indicated high levels of satisfaction regarding the food and the variety of choices available to them. However, some residents reported challenges in accessing the menu options, as they were unable to read the menu on the day of the meal. Although several residents confirmed that their meal preferences were sought in advance, they also expressed that it would be beneficial to have the menu in a more accessible format while dining. This was brought to the management team's attention, and the provider said that they would review the format of the menu to make it more accessible for residents.

The inspector found visitors coming and going on the day of the inspection, and the residents who spoke with the inspector were happy about the centre's visiting arrangements.

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, the inspector found significant improvement in the governance and management of this centre, and residents were receiving appropriate care and support to meet their needs.

This unannounced inspection was carried out to monitor regulatory compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The provider of the designated centre is Caring Hands Limited. There is a clearly defined management structure in place with lines of authority and accountability in the centre. The management team comprises a person in charge, two assistant directors of nursing, a representative of the provider and a general manager.

The inspector observed significant improvements in this centre's governance and management. A system was now in place to ensure that accidents and incidents that occurred in this centre were appropriately reviewed and notified to the office of the Chief Inspector.

An audit schedule was in place, and the person in charge completed these audits. There were clear action plans to bring about quality improvements in this centre. As a result, significant improvements were found in the use of restrictive practices, and this is detailed in the later section of the report. Regular staff and management meetings were conducted to support ongoing communication and oversight. However, the provider's management systems did not identify and address layout concerns related to the multi-occupancy rooms. Furthermore, the provider had not ensured that the compliance plan of the previous inspection was fully implemented to ensure compliance with Regulation 9.

The provider has a clear complaints procedure in place, which was displayed at the centre's main reception. The complaints log showed that complaints were recorded and investigated in a timely manner; however, the centre's complaint procedure did not include the provision of a written response. This is a repeated non-compliance finding and is further detailed under Regulation 34: Complaints procedure.

Regulation 14: Persons in charge

The person in charge was full-time in the post and met the requirements as specified in the regulations.

Judgment: Compliant

Regulation 15: Staffing

Staff numbers and skill-mix were appropriate to the size and layout of the centre and assessed needs of current residents.

Judgment: Compliant

Regulation 16: Training and staff development

The registered provider ensured that staff had access to timely training regarding mandatory and other training. A training record was maintained in the centre.

Judgment: Compliant

Regulation 21: Records

Records required under Schedules 2, 3 and 4 were maintained in accordance with the requirements of the regulation.

Judgment: Compliant

Regulation 23: Governance and management

The provider's management systems in place to ensure the service provided was safe, appropriate, consistent, and effectively monitored were not sufficient. For example, additional managerial oversight is required to ensure the issues with the centre's multi-occupancy bedrooms and communal toilets are identified and appropriately managed with an adequate quality improvement plan to improve residents' dignity, privacy, and premises.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The inspector reviewed a sample of residents' contracts and found that there were contracts in place that the residents or their family representatives signed upon admission to this centre.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre's complaint procedure did not include the provision of a written response to the complainant to inform them whether or not their complaint was upheld, the reasons for that decision, and any recommended improvements, including details of the review process. Additionally, the inspector reviewed some of the complaints received by the provider and found that a written response had not been provided to the complainant.

Judgment: Substantially compliant

Quality and safety

Overall, this inspection found that the residents of this centre were receiving a high standard of nursing care. However, the centre's multi-occupancy rooms did not support residents' privacy needs and rights.

The inspector reviewed a sample of residents' care plans and engaged with staff to discuss residents' care preferences. Residents' care plans were developed based on nursing assessments, utilising a range of validated clinical assessment tools. In general, care plans were person-centred, reflected the assessed needs of residents, and provided staff with clear guidance for delivering care effectively.

Additionally, the inspector found that the provider and the staff were working towards ensuring a restraint-free environment in this centre. For example, the inspector found a significant reduction in the use of lap-belts for residents in this centre. This was an improvement from the previous inspection.

Resident meetings were held approximately every three months, which provided opportunities for residents to engage in decision-making and share their feedback on social and leisure activities.

The centre was maintained to a high standard of cleanliness throughout, and suitable measures were in place for both cleaning and decontamination. Alcohol hand gels were readily available in all the corridor areas as well as communal spaces. Storage areas were also observed to be clean, tidy, and well-organised. However, the centre's premises did not fully conform to the requirements of the regulations, and this is further discussed under Regulation 17: Premises and Regulation 9: Residents' rights.

Regulation 17: Premises

The premises did not conform to matters set out under Schedule 6 of the regulations: For example:

- Some bed spaces in four of the four-bedded rooms and two of the three-bedded rooms did not facilitate the safe use of assistive equipment, such as a full-body hoist. The inspectors observed staff using a full-body hoist in these rooms and found that the limited circulating space within the bed spaces and between the beds did not support the safety and privacy needs of residents who were required to use this equipment.
- A door leading to a safe indoor garden was damaged and was not replaced in a timely manner.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans were person-centred and reflected the residents' assessed needs, preferences, and wishes. Care plans were reviewed at appropriate intervals and when the residents' needs changed.

Judgment: Compliant

Regulation 6: Health care

Residents were supported in having access to general practitioners (GPs) from local practices, health and social care professionals, and specialist medical and nursing services.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff who spoke with the inspector had up-to-date knowledge appropriate to their roles to positively react to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment).

Judgment: Compliant

Regulation 8: Protection

The centre has systems in place to protect residents from abuse. For example, a sample of staff files reviewed on the day of inspection indicated An Garda Síochána (police) vetting disclosures, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012, were completed before staff commenced employment in this centre. Additionally, staff demonstrated good knowledge about the procedures to be followed when safeguarding concerns arise in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

A number of beds in seven multi-occupancy rooms did not provide sufficient space for the resident to use assistive equipment without encroaching on the neighbouring resident's bed space. As a result, the residents in these multi-occupancy rooms could not carry out personal activities in private.

The toilet facilities near the day room on the ground floor were cubicle-style and did not have walls that reached from the floor to the ceiling to contain sounds and smells. This arrangement was not adequate to ensure privacy and dignity for residents when using these facilities, and this was a repeated non-compliant finding.

Judgment: Not 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	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Harbour Lights Nursing Home OSV-0000345

Inspection ID: MON-0043664

Date of inspection: 15/01/2025

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Management has discussed this before and the cubicle style bathrooms had been sealed to the floor following the last inspection. There will need to be extra ventilation inserted above the main bathrooms on the ground floor prior to sealing the toilets to the ceiling to contain smells and sounds as outlined by the inspector. The provider aims to have this work completed by June 2025.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The inspector said that there was not a provision of a written response to the complainant, this is an inaccuracy as this was done at the request of the inspector following the last inspection. The document has been added to, and is enclosed with this file for the perusal of the inspector. This form has been completed since the inspection. Going forward we are going to separate the details into concerns, complaints and compliments as family members say that they are not complaints they are making just highlighting concerns.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>One of the doors leading to the secure garden was damaged and locked at the time of inspection, this door will be replaced and will be accessible for the staff and residents from the 30th of May this year so residents can make good use of the courtyard if we have good weather in the summer.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>This compliance related with the bed space around the beds in the multiple rooms. The management team have discussed a number of options and have decided to install overhead hoists in room 19 and 20 (three bedded rooms). The four, four bedded rooms (rooms 23, 24,25 and 26) will also have an overhead hoist installed over half of the room so that we can facilitate the movement of these residents in and out of the bed without using a mobile hoist and therefore not encroaching on their companion's bed space. The two beds on the other side of these rooms will be filled with residents that are able to transfer and mobilise without the use of a hoist. This information will be included in the Statement of Purpose going forward once the changes have been made to the rooms. We aim to have rooms 19 and 20 done by the end of September 2025 and the four bedded rooms by March 2025.</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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	20/03/2025
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	31/05/2025
Regulation 34(2)(c)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant	Substantially Compliant	Yellow	30/06/2025

	whether or not their complaint has been upheld, the reasons for that decision, any improvements recommended and details of the review process.			
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	31/03/2026