



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

## Issued by the Chief Inspector

Name of designated centre:	Dunlavin Nursing Home
Name of provider:	Dunlavin Nursing Home Limited
Address of centre:	Dunlavin, Wicklow
Type of inspection:	Unannounced
Date of inspection:	20 April 2022
Centre ID:	OSV-0005381
Fieldwork ID:	MON-0035411

## About the designated centre

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

Dunlavin Nursing Home is located within walking distance from Dunlavin town. The centre is a 60 bed purpose-built facility. Residents' accommodation is arranged into three units. Stream unit is secured and provides accommodation for 18 residents who have dementia. Railway unit has accommodation for 24 residents and Market House unit has accommodation for 18 residents. All units in the centre accommodate male and female residents over 18 years of age. All residents reside in single bedrooms with full en suite facilities. Each unit has a day-room and a dining room. Other sitting rooms and seating areas are located in Railway and Market House units. A seating area is available by the nurses' station in Stream unit. All units have access to secure landscaped gardens. The centre caters for residents with long term care, convalescence and palliative care needs. The service provides 24 hour nursing care for residents, with low, medium, high and maximum dependency needs.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	59
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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
Wednesday 20 April 2022	09:30hrs to 18:00hrs	Mary Veale	Lead
Thursday 21 April 2022	09:00hrs to 15:00hrs	Mary Veale	Lead
Thursday 21 April 2022	09:00hrs to 15:00hrs	Noel Sheehan	Support

## What residents told us and what inspectors observed

There was a very welcoming and homely atmosphere in the centre. Residents' rights and dignity were supported and promoted by kind and competent staff. Care was led by the needs and preferences of the residents' who were happy, and well cared for within the confines of the service. The inspectors greeted the majority of residents' over the two days. The inspectors spoke to ten residents, five visitors, and spent time observing residents' daily lives, and care practices in the centre in order to gain insight into the experience of those living there.

On arrival, the inspectors were guided through the centre's infection control procedures before entering the building. Following an opening meeting the inspectors were accompanied on a tour of the premises, where the inspectors spoke with, and observed residents' in their bedrooms, and communal areas. The design and layout met the individual, and communal needs of the residents. The centre comprised of a single storey building with 60 single rooms. All of the bedrooms were en suite with a shower, toilet, and wash hand basin. Residents' bedrooms were clean, tidy, and had sufficient personal storage space. Bedrooms were personal to the residents' containing family photographs, personal belongings, and furniture brought from home. The premises was bright, clean, and communal areas were decorated with memorabilia, photographs, and pictures local to the surrounding areas. The front door, and doors to the three units were locked, and doors could be opened using a swipe card. The centre had spacious outdoor garden areas which were designed to meet the needs of the residents', and were easily accessible. A central courtyard had a putting green, and seating areas. The garden wrapped around the perimeter of the building was secure, and included a chicken coup to house the centres hens. The gardens had level footpaths and seating areas.

The atmosphere in the centre was calm and relaxed. Personal care was being delivered in many of the bedrooms, and observation showed that this was provided in a kind and respectful manner. The inspectors observed many examples of kind, discreet, and person-centered interventions throughout the day. The inspectors observed that staff knocked on bedroom doors before entering. Residents' were complimentary of the staff, and the services they received. Residents' said 'they felt safe', and trusted the staff. Residents' said and 'that the management team had kept them safe, and fully informed of changes in the centre during the pandemic. Residents' told the inspectors that staff were always available to assist with personal care. However, on occasion they would have to wait a short time for their care needs to be attended to.

Residents' spoken to said 'they were happy with the activities programme in the centre'. Residents said 'they could choose where to spend the day, and had a choice of interesting activities'. One resident said "they preferred their own company, but were not bored as there was plenty to do as they had responsibility to feed, and secure the hens and rabbit each day". Over the two days of inspection the inspectors observed staff having good humoured banter with residents, and chatting

with them about their personal interests and family members. The weekly activities programme was displayed. Group activities were observed taking place in day rooms. Residents' could attend religious services in the centre. A spiritual altar was discreetly placed in a communal area, which was seen to be used by residents through out the inspection.

Residents' enjoyed the home cooked meals, and stated 'there was always a choice of meals and the quality of food was very good'. Residents enjoyed home baking, and those on special diets also enjoyed homemade tasty snacks and treats. The inspectors observed the dining experience for residents' in the dining rooms of the stream and railway units. Staff were observed to be respectful, and assisted the residents during meal times. Residents' told the inspectors that they could choose to eat meals in their bedrooms or dinning rooms.

The inspectors observed that visiting was facilitated. However, the inspectors were informed that visiting was restricted to a booking system, and visits were limited to the visitors room, entrance area, and outdoors. This was not in line with the most recent public health guidance in place at the time of inspection. This matter was addressed before the inspectors left the centre. The inspectors observed that staff were familiar with the visitors who attended over the two inspection days. Staff were observed to make them welcome, and updated them on their loved one's progress. The inspectors spoke with five visitors who told the inspectors that they 'visited regularly, and were satisfied with the care provided for their family members'. Visitors said that 'they had not been facilitated with a visit in their family members bedrooms'. Visitors said that 'they were informed if there was a change to their loved one's health or well being, and were grateful for the efforts staff had made to ensure that their loved one remained safe throughout the COVID 19 pandemic'.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

## Capacity and capability

This was an unannounced risk inspection carried out to monitor ongoing compliance with the regulations and standards, and to follow up on a concern that had been submitted to the Chief Inspector of Social Services in relation to safeguarding, and the rights of residents'. The inspectors also followed up on notifications submitted to the Chief Inspector of Social Services. The provider had progressed the compliance plan following the previous inspection in September 2020, and improvements were found in relation to regulation 4: written policies and procedures, Regulation 27: Infection prevention and control. On this inspection inspectors found that action was

required by the registered provider to address areas of Regulation 11: visits, Regulation 15: staffing and Regulation 34: complaints procedure.

Overall, this was found to be a well managed service with established governance and management systems in place to monitor the quality and safety of the care, and services provided for the residents'. The provider is Dunlavin Nursing Home Limited which is part of the silver stream health care group. There was an established management structure in place with clear lines of authority and responsibility. The local management team comprised of the person in charge, and two assistant directors of nursing who were supported by an operations manager.

Staffing levels were not in line with the centres current statement of purpose. In addition to the nursing managers, there were seven whole time nurses employed at the time of inspection. According to the centres statement of purpose there were nine whole time equivalent nurses employed. The centre was divided, and managed as three separate units. The market house unit, railway unit and stream unit. Since the previous inspection in September 2020 there has been a change to the local nursing management structure of a clinical nurse manager on each unit. Two units had assistant directors of nursing, and team of nurses and carers. One unit had a clinical nurse manager, and a team of nurses and carers. The assistant directors of nursing were rostered supernumerary hours every alternative week, and deputised for the person in charge when they were off duty. The current staffing arrangements provided for two nurses, three care staff from 20.00hrs to 08.00hrs with a twilight carer on average four nights a week to provide care, and assistance to all of the residents across three units. Staffing levels required review as there was an inadequate allocation of staff for housekeeping. While the centre was observed to be visibly clean, the allocation of cleaning hours was not sustainable. One housekeeper was allocated to clean the entire centre in eight hours per day, seven days per week. There was one activity co-ordinator who provided temporary cover for the centres administrator . There had been a high turnover in staffing in the centre over the past year, and the centre had ongoing recruitment efforts in place to maintain safe and consistent staffing levels.

Staff were supported in their work, and had good access to training and development. Staff training records identified mandatory training requirements for each member of staff, and their was a process in place to ensure staff attended mandatory training when it was due. All staff were up to date with safeguarding training, and two staff were due refresher training in fire safety. One nurse in the centre was nominated the infection control lead, and was in enrolled in training in infection prevention and control.

The directory of residents provided to the inspector on the days contained all the required information as set out in paragraph (3) of Schedule 3 of the Health Act 2007(Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Inspectors noted that details of admissions to the centre and discharges from the centre were consistently recorded.

Records and documentation, both manual and electronic were well presented, organised, and supported effective care and management systems in the centre.

Policies and procedures as set out in schedule 5 were in place and up to date. Online access to policies and procedures was difficult to access on both inspection days. A review of a sample of personnel records indicated that not all the requirements of Schedule 2 of the regulations were met, one staff file reviewed had a gap in the staff members employment in the curriculum vitae. Throughout the inspection there was significant delay in receiving some of the records requested and records of management of complaints.

There were effective systems in place to monitor the quality and safety of care which resulted in appropriate, and consistent management of risks and quality. There was evidence of a comprehensive, and ongoing schedule of audits in the centre. Audits were objective and identified improvements. For example; areas of the centre were noted to require cleaning on an audit, this had already been identified, and contract cleaners had been employed to address this. Records of governance meetings showed evident of actions required from audits completed which provided a structure to drive quality improvement.

There was good oversight of risk in the centre. Records of incidents in the centre were comprehensive, and included learning, and measures to prevent recurrence. Risk assessments had been completed for potential risks associated with COVID-19, and the provider had put in place many controls to keep all of the residents' and staff safe. A register of live risks was maintained, and risks were regularly reviewed with appropriate actions in place to eliminate and mitigate risks.

Incidents and reports as set out in schedule 4 of the regulations were mostly notified to the Chief Inspector within the required time frames. One incident had been omitted in error, and was submitted during the inspection. The inspector followed up on incidents that were notified, and found these were managed in accordance with the centre's policies.

The inspectors followed up on a report of unsolicited information related to safeguarding, and residents rights that had been submitted to the Chief Inspector of Social Services. The inspectors followed up on the concerns, and found that the centre were effectively managing all health and social care issues. There was a complaints procedure in the centre which was displayed at reception. There was a nominated person who dealt with complaint's, and a nominated person to oversee the management of complaints. On the second day of the inspection, a previous complaint were brought to the attention of inspectors by a relative regarding missing items of personal belongings. Records of this complaint, and a sample of two most recent complaints were viewed. The centre recorded all the complaints both verbal and written, and there was evidence of effective management of the complaints viewed. However, the satisfaction of the complainants was not consistently recorded.

## Regulation 14: Persons in charge



The person in charge worked full time in the centre and displayed good knowledge of the residents' needs and a good oversight of the service. The person in charge was well known to residents' and their families, and there was evidence of her commitment to continuous professional development.

Judgment: Compliant

### Regulation 15: Staffing

Staffing levels seen on the days of inspection were adequate to meets resident's needs. However, Inspectors were not assured that at all times there were insufficient resources to ensure the number, and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with regulation 5, and the size and layout of the designated centre. For example;

- the centre did not have sufficient housekeeping staff in line with the centres statement of purpose.
- the centres nursing staff levels did not reflect the whole time equivalent as outlined in the centres statement of purpose.
- The activity co-ordinator hours required review as the activity co-ordinator was covering administrative duties.

Judgment: Not compliant

### Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in infection prevention and control, and specific training regarding the prevention and management of COVID-19, correct use of personal protective equipment (PPE), and hand hygiene, safe guarding and fire safety training. There was an ongoing schedule of training in place to ensure all staff had relevant, and up to date training to enable them to perform their respective roles.

Judgment: Compliant

### Regulation 19: Directory of residents

The directory of residents provided to inspectors on the day contained all the required information as set out in paragraph (3) of Schedule 3 of the Health Act

2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Judgment: Compliant

### Regulation 21: Records

Records were stored securely. Online access to policies and procedures was difficult to access on both inspection days. A review of a sample of personnel records indicated that not all the requirements of Schedule 2 of the regulations were met, one staff file reviewed had a gap in the staff members employment in the curriculum vitae.

Judgment: Substantially compliant

### Regulation 22: Insurance

There was a valid contract of insurance against injury to residents and additional liabilities.

Judgment: Compliant

### Regulation 23: Governance and management

- Management systems were effectively monitoring quality and safety in the centre. Clinical audits were routinely completed and scheduled, for example, falls, nutrition and quality of care and these audits informed ongoing quality and safety improvements in the centre.
- There was a proactive management approach in the centre which was evident by the ongoing action plans in place to improve safety and quality of care.

Judgment: Compliant

### Regulation 24: Contract for the provision of services

The contract for the provision of services contained all of the items as set out in regulation 24.

Judgment: Compliant

### Regulation 3: Statement of purpose

Amendments were made to the centre's statement of purpose during the inspection. The statement now contained all of the information set out in schedule 1 of the regulations and in accordance with the guidance.

Judgment: Compliant

### Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were mostly notified to the Chief Inspector within the required time frames. One incident had been omitted in error and was submitted during the inspection. The inspectors followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

Judgment: Compliant

### Regulation 34: Complaints procedure

The complaints procedure was displayed in the centre, and contained information on the nominated person who dealt with complaints, and a nominated person to oversee the management of complaints. The inspectors viewed a sample of complaints all of which had been managed in accordance with the centre's policy. However, improvements to the centres complaints management process required review as it was not clear for two complaints viewed that the complainant was satisfied with the outcome of the complaint.

Judgment: Substantially compliant

### Regulation 4: Written policies and procedures

Policies and procedures as set out in schedule 5 were in place and up to date. On line access to policies and procedures requires review so that all staff can access to the policies and procedures when required in the centre.

Judgment: Substantially compliant

## Quality and safety

The rights of the residents were at the forefront of the care in this centre. Staff and management were seen to encourage, and promote each residents human rights through a person-centred approach to care. Inspectors found that the residents' well-being, and welfare was maintained by a good standard of evidence-based nursing and medical care, and through good opportunities for social engagement. Improvements were required in areas of Regulation 11: visits, Regulation 17: premises and Regulation 29: Medicines and pharmaceutical services.

In door visits had resumed in the centre. There were ongoing safety procedures in place. For example; temperature checks, and health questionnaires for visitors. Residents could receive visitors at the reception area, the visitors room, and out door spaces. Residents' had not received visits in their bedrooms. Visitors were required to book a visit, which was not in line with current national guidance.

All residents had adequate space to store their personal possessions and belongings. Residents had access to a wardrobe, and bedside locker in which to store all of their belongings. Residents were able to bring in large personal items from home. The centre had facilitate residents to hang, and display family photos or pictures from home. Residents had access to and control over their monies. Residents who were unable to manage their finances were assisted by a care representative or family member. The centre did not act as a pension agent for residents.

The overall premises were designed, and laid out to meet the needs of the residents. The centre was clean and tidy. There was clutter in the house keepers room, and in two storage rooms. There were sufficient hand hygiene facilities observed in convenient locations throughout the building. Personal protective equipment (PPE) was readily available to staff, and was seen to be used in accordance with national guidelines. Decontamination stickers were observed in use to ensure that equipment did not pose a risk of cross-infection.

The individual dietary needs of residents was met by an holistic approach to meals. A choice of home cooked meals and snacks were offered to all residents. Menus were varied, and had been reviewed by a dietitian for nutritional content to ensure suitability. Residents on modified diets received the correct consistency meals and drinks. Residents' were supervised, assisted where required to ensure their safety, and nutritional needs were met. Meal times varied according to the needs, and preferences of the residents particularly breakfast times. The dining experience was relaxed. There were adequate staff to provide assistance, and ensure a pleasant

experience for resident at meal times. However, the meal time experience requires review as the residents dinner time was interrupted by a nurse administering medication from the medication trolley in the dining room.

Effective systems were in place for the maintenance of the fire detection, alarm systems, and emergency lighting. Fire training was completed annually by all staff. There was evidence that fire drills took place between one and two times each month. There was evidence of night time drills taking place in the centre. Fire drills records were detailed containing the number of residents evacuated , how long the evacuation took, and learning identified to inform future drills. There was a robust system for checking of means of escape, fire safety equipment, and fire doors. Weekly activation of the fire alarm system included staff response to the alarm. Each resident had a personal emergency evacuation plan (PEEP) in place which were updated regularly. The PEEP's identified the different evacuation methods applicable to individual residents for day and night evacuations. Staff spoken to were familiar with the centres evacuation procedure. There was evidence from the records viewed that the centre had an established connection, and working relationship with the local fire service .

There was a comprehensive centre specific policy in place to guide nurses on the safe management of medications. Medicines were stored securely in the centre. Medicines were administered in accordance with the prescriber's instructions in a timely manner. Controlled drugs balances were checked at each shift change as required by the Misuse of Drugs Regulations 1988, and in line with the centres policy on medication management. A pharmacist was available to residents to advise them on medications they were receiving. There was evident of medication management audits. Improvements were required in the safe disposal of medication, and returning of medication no longer in use.

Care plans were person-centered, and based on appropriate assessment of resident's needs with validated assessment tools. Care plans were routinely reviewed. Care plans were updated in line with the regulations and in consultation with the resident or their care representative.

Residents were supported to access appropriate health care services in accordance with their assessed need and preference. General Practitioners (GPs') attended the centre, and residents had regular medical reviews. A range of allied health professionals were accessible to residents as required an in accordance with their assessed needs. For example; speech and language therapist, optician, dietitian, dental technician and chiropodist. A physiotherapist and occupational therapist routinely attended the centre to provide individual assessment. Residents had access to consultant geriatrician and a psychiatric team. Residents who were eligible for national screening programmes were supported, and encouraged to access these.

There was policy in place to inform management of responsive behaviours, (how people with dementia or other conditions may communicate or express their physical discomfort with their social or physical environment), and restrictive practices in the centre. Residents' had access to psychiatry of later life.

For residents with identified responsive behaviours, nursing staff had identified the trigger causing the responsive behaviour using a validated antecedent-behaviour-consequence (ABC) tool. There was a clear care plan for the management of residents' responsive behaviour. It was evident that the care plans were being implemented. There were four bed rails and one lap belt restrictive measures in use. Risk assessments were completed, and the use of restrictive practice was reviewed regularly. The inspectors found that chemical restraint was used only as a last resort. Less restrictive alternatives to bed rails were in use such as sensor mats and low beds. External doors and unit doors in the centre were electronically locked. The intention was to provide a secure environment and not to restrict movement. Residents were seen assisted by staff to leave the centre to meet visitors outside the centre reception area.

There was a rights based approach to care in this centre. Residents' rights, and choices were respected. Residents were actively involved in the organisation of the service. Regular resident meetings took place. Informal feedback from residents informed the organisation of the changing needs of the service. Residents were consulted with about their individual care needs. Residents had access to the centres advocate, and an independent advocate if they wished. The centre had continued to involve the local community, and external entertainers in activity provision in a safe manner. Residents were very complimentary about the weekly chair yoga classes, and visiting therapy dog. The centre had resident rabbit and flock of chickens. Residents confirmed that their religious and civil rights were supported. Weekly religious ceremonies were held in the centre. The Church of Ireland and the Roman Catholic clergy visited residents in the centre. Clergy attended residents who requested the sacrament of the sick or last rites. Satisfaction surveys showed high rates of satisfaction with all aspects of the service.

### Regulation 11: Visits

Inspectors were informed that visits were arranged using a booking system, and residents could not receive visitors in their bedrooms. This matter was addressed before the inspectors left the centre.

Judgment: Substantially compliant

### Regulation 12: Personal possessions

Residents' bedrooms were spacious, and laid out in a manner that allowed residents to retain control of their personal possessions. Large wardrobes, and chests of drawers were provided for each residents' belongings. Resident clothes were

laundered in the centre. Records showed that there had been some previous issues with clothing going missing, however this had been resolved. Residents stated they were satisfied with the current laundry arrangements.

Judgment: Compliant

### Regulation 17: Premises

Part of the premises did not conform to the matters set out in schedule 6 of the regulations. For example;

- The items stored in the room containing an electric sub-board adjacent to the lounge on the stream unit, required review as combustible materials were stored in this room.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

The food served to residents' was of a high quality, nutritious, and was attractively presented. There were two choices of the main meal each day, and vegetarian diets were catered for. Home-baked goods, and fresh fruit were on offer daily. Snacks and drinks were accessible day and night. Fresh water jugs were seen throughout the inspection in residents rooms and communal areas.

Judgment: Compliant

### Regulation 26: Risk management

There was good oversight of risk in the centre. Arrangements were in place to guide staff on the identification and management of risks. The centre's had a risk management policy which contained appropriate guidance on identification and management of risks.

Judgment: Compliant

### Regulation 27: Infection control

Some improvements were required to ensure the environment was as safe as possible for residents and staff. For example;

- The house keepers room, and two storage rooms were seen to be cluttered. The house keepers room had an over stock of cleaning products and equipment. The storage rooms contained excessive amounts of supplies which required tidying.
- Two sharps containers in use did not have the temporary closures in place.
- Two commodes had visible rusty wheels.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The provider had good oversight of fire safety. Annual training was provided, and systems were in place to ensure fire safety was monitored and fire detection and alarms were effective in line with the regulations. Evacuation drills were regularly practiced during day and night time staff rostered duty in the centre's largest compartment. All bedroom doors had automatic closures. Staff were familiar with fire safety procedures and evacuation plans for residents.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

While overall medication management practices in the centre were good. However, inspectors found medication management practices which was not in line with the centres own medication management policy which had the potential to contribute to medication-related errors. For Example;

- The system of the safe disposal or return of medications to the pharmacy required strengthening to ensure that medications which were no longer required by a resident were segregated from other medications.
- Inspectors found a pre-packed medication dossier pack that had no resident or medication details stored in the centre.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan



The standard of care planning was good, and described person-centered care interventions to meet the assessed needs of residents. Validated risk assessments were regularly, and routinely completed to assess various clinical risks including risks of malnutrition, pressure sores, and falls. Based on a sample of care plans viewed appropriate person-centered interventions were in place for residents' assessed needs.

Judgment: Compliant

### Regulation 6: Health care

There were good standards of evidence based health care provided in this centre. General Practitioners attended the centre to support the residents' needs. Allied health professionals supported the residents on site where possible and remotely when appropriate. There was evidence of ongoing referral and review by allied health professionals as appropriate. Residents' had access to consultant geriatrician, and a psychiatric team.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

There was a centre-specific policy and procedure in place for the management of behaviour that is challenging. A validated antecedent- behaviour- consequence (ABC) tool, and care plan supported the resident with responsive behaviour. The use of restraint in the centre was used in accordance with the national policy. Staff were knowledgeable of the residents behaviour, and were compassionate, and patient in their approach with residents.

Staff were familiar with the residents rights and choices in relation to restraint use. Alternatives measures to restraint were tried, and consent was obtained when restraint was in use. Records confirmed that staff carried out regular safety checks when bed rails were in use.

Judgment: Compliant

### Regulation 8: Protection

Inspectors found that the registered provider had taken all reasonable measures to protect residents from abuse.

- Staff training in safeguarding of vulnerable persons had been completed by all staff
- There was a policy and procedure on the prevention, detection, and response to abuse.
- Staff were knowledgeable about what constitutes abuse, and the process in place should an allegation be disclosed to them
- Gardaí Síochána vetting disclosures were in place prior to staff commencing employment
- There was a system in place to safeguard residents' personal finances
- Residents had access to independent advocacy services
- Any allegations of abuse were subject to a critical incident analysis', and were seen to be investigated thoroughly.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' rights and choice were promoted' and respected in the centre. Activities were provided in accordance with the needs' and preference of residents, and there were daily opportunities for residents to participate in a diverse range of group or individual activities. Residents were encouraged to choose their own daily routine, and maintain communications outside of the centre. Residents were supported to leave the centre for short trips where possible.

Residents' were kept up to date with current affairs, and local and national news through various media outlets. Newspapers were available to the residents, and global news stations were accessible on TV. Internet service was provided in the centre.

Residents were supported with access to religious activities of their own denomination.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Substantially compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	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	Compliant

# Compliance Plan for Dunlavin Nursing Home OSV-0005381

Inspection ID: MON-0035411

Date of inspection: 21/04/2022

## 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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            To ensure compliance the registered provider will have the following in place and implemented and actioned as required:</p> <ul style="list-style-type: none"> <li>• An external cleaning company has been engaged and they are providing 21 hours of cleaning per day to the centre. The Dunlavin Nursing Home’s Statement of Purpose has been reviewed and amended to reflect same.</li> <li>• The Dunlavin Nursing Home’s Statement of Purpose reflects the whole time equivalent nursing staff levels and has been submitted to HIQA as part of the registration process.</li> <li>• The Activity Coordinator employed will solely dedicate their working hours to activities going forward and not cover Administrators Sick Leave as had occurred on this occasion.</li> </ul>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:            To ensure compliance the registered provider will have the following in place and implemented and actioned as required:</p> <ul style="list-style-type: none"> <li>• The schedule 5 policies are available to all staff in soft and hard copies.</li> <li>• A policy folder is available at each nurses station. Policies are available to view and print out on the homes computers.</li> <li>• Each staff will also be emailed a copy of the schedule 5 polices when they are reviewed and updated.</li> <li>• A full review is underway of all staff Files to ensure they are fully compliant as per schedule 2. The Group HR Manager will oversee and support the home in this audit review.</li> </ul>	

Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>To ensure compliance the registered provider will have the following in place and implemented and actioned as required:</p> <ul style="list-style-type: none"> <li>• The complaints policy has been reviewed and the Person in Charge is to record if the complainant is satisfied the group Director of Clinical Governance, Quality and Risk will oversee and confirm the policy is followed.</li> </ul>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>To ensure compliance the registered provider will have the following in place and implemented and actioned as required:</p> <ul style="list-style-type: none"> <li>• The schedule 5 policies are available to all staff in soft and hard copies. A policy folder is available at each nurses station. Policies are available to view and print out on the homes computers.</li> <li>• Each staff will also be emailed a copy of the schedule 5 polices when they are reviewed and updated.</li> </ul>	
Regulation 11: Visits	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 11: Visits:</p> <p>To ensure compliance the registered provider and the person in charge will have the following in place and implemented and actioned as required:</p> <ul style="list-style-type: none"> <li>• The Dunlavin Nursing Home will follow the guidance as set out in the latest HPSC guidance on visiting to a RCF and in line with resident's specific wishes regarding visiting.</li> <li>• Residents can receive visitors in their bedrooms and in the dedicated visiting hubs and visiting room in the home.</li> </ul>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: To ensure compliance the registered provider will have the following in place and implemented and actioned as required:</p> <ul style="list-style-type: none"> <li>• The provision of electric board within the room is acceptable and in line with the Granted Fire Safety Certificates. This is based on the minimum compartmentation requirement for electric room which is achieved by the 30 minutes fire resisting enclosure and by the provision of fire stopping on each service penetration through the enclosure.</li> <li>• As per the Inspector's recommendation on the day of inspection; the medication trolley and combustible materials were moved, and centre management will ensure that goods will not be stored in rooms that are not dedicated storage spaces.</li> </ul>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: To ensure compliance the registered provider and person in charge will have the following in place and implemented and actioned as required:</p> <ul style="list-style-type: none"> <li>• This was actioned on the day of inspection and the housekeeping room and storages rooms have been decluttered.</li> <li>• The new external cleaning company have reviewed the cleaning products and will monitor stock control.</li> <li>• Actioned on the day of inspection. The two sharps' containers have been safely disposed of.</li> <li>• Memo has been issued to all staff to reiterate the importance of safe and correct use and storage of Sharps Bins.</li> <li>• The two commodes have been taken out of commission and replaced with new ones.</li> </ul>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p>	

To ensure compliance the registered provider and person in charge will have the following in place and implemented and actioned as required:

- The staff nurses have been briefed by the Person in Charge to ensure that they follow the policy and procedures in place to ensure discontinued medications are returned to pharmacy on their next delivery date and any medications brought in by Next of Kin are appropriately labelled, stored or returned to pharmacy if unclear.
- The Person in Charge and senior management will audit this on a regular basis and the pharmacist will audit on a 4 monthly basis.



## 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 11(2)(a)(i)	The person in charge shall ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless such a visit would, in the opinion of the person in charge, pose a risk to the resident concerned or to another resident.	Substantially Compliant	Yellow	30/05/2022
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	30/05/2022
Regulation 17(2)	The registered provider shall, having regard to	Substantially Compliant	Yellow	30/05/2022

	the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.			
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	30/06/2022
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	30/06/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/05/2022
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by	Substantially Compliant	Yellow	30/05/2022

	that resident shall be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.			
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	30/05/2022
Regulation 04(2)	The registered provider shall make the written policies and procedures referred to in	Substantially Compliant	Yellow	30/05/2022

	paragraph (1) available to staff.			
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