



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

Issued by the Chief Inspector

Name of designated centre:	Douglas Nursing and Retirement Home
Name of provider:	Golden Nursing Homes Limited
Address of centre:	Moneygourney, Douglas, Cork
Type of inspection:	Unannounced
Date of inspection:	15 August 2023
Centre ID:	OSV-0000223
Fieldwork ID:	MON-0039386

About the designated centre

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

Douglas Nursing and Retirement 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 58 residents. It is a single storey building set out in six wings: Maple (12 beds), Oak (nine beds), Willow (13 beds), Ash (six beds) and Elm (five beds), and Beech (13 beds). Bedroom accommodation comprises 50 single bedrooms with en-suite facilities of shower, toilet and hand-wash basin, and eight single rooms with wash-hand basins. Additional bath, shower and toilet facilities are available throughout the centre. Communal areas comprise the Rose room - main day room, conservatory lounge, garden activities room, conservatory smoking room, green quiet room, library and large dining room. There are occasional seating areas located along wide corridors with access and views of the gardens and walkways for residents to relax. Residents have access to three well-maintained gardens with walkways, garden furniture and shrubbery. Douglas Nursing and Retirement 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:	58
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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 15 August 2023	09:00hrs to 18:30hrs	Robert Hennessy	Lead
Tuesday 15 August 2023	09:00hrs to 18:30hrs	Siobhan Bourke	Support

What residents told us and what inspectors observed

Overall, the registered provider supported residents to have a good quality of life. Residents who spoke with the inspectors were content living in the centre. The inspectors spoke with all residents throughout the day and spoke with 13 in more detail. It was evident from inspectors' conversations with residents and staff that residents had their rights promoted and respected. The inspectors also spoke with a number of visitors on the day of inspection and were very complimentary about the care and support received by their family members in the centre. One resident told inspectors that "staff are most helpful".

On arrival the inspectors were greeted by a staff nurse. An opening meeting was held initially with the staff nurse and after with the assistant director of nursing (ADON) and the person participating in management (PPIM) when they arrived on site. A walk around took place with the ADON following this.

Douglas Nursing and Retirement Home is a purpose built single storey building located on the outskirts of Douglas in Cork city. It is registered to accommodate 58 residents in single rooms, 50 of which have en suite shower, hand wash basin and toilet facilities and eight rooms with hand wash basins that were in close proximity to toilet, shower and bathroom facilities. The inspector saw that all rooms were spacious with double wardrobes and storage spaces for residents clothing and belongings. Bedrooms were very personalised in line with residents' preferences and decorated with family photographs, paintings, personal memorabilia and in some rooms, soft furnishings. It was clear that residents had choice in how their rooms were decorated and how their individualised styles were incorporated into the rooms. Bedrooms of residents contained necessary equipment for the residents such as air mattresses and individual slings for residents.

The centre was homely in appearance. It was well decorated and clean throughout. The reception area was bright with suitable seating areas with well-maintained antique furniture. The complaints policy of the centre was on display in this area. Hallways were bright and well decorated with artwork. Television displays were on the corridors where residents could see the food menu for the day and also the activity schedule. There was ample communal areas for residents to use. A designated smoking area was available for residents that smoked. The library room had seating areas and many books for the residents to browse. There were seating areas in the hallways for residents to use overlooking the gardens. The outdoor spaces were easily accessible to the residents and residents were seen using the areas with staff members and visitors. The outdoor areas were well maintained with mature plants and beds and clear pathways.

Oxygen and personal protective equipment (PPE) were seen to be stored in a manner which would be a risk in relation to fire precautions. The provider insured that that the oxygen was immediately removed to an appropriate location and the

store room was rearranged to reduce the risk.

Carpets in a corridor, a bedroom and the conservatory of the centre were seen by the inspectors had some staining on them. This will be discussed further in the report.

The inspectors observed the lunchtime meal. It was a social dining experience with the majority of the residents eating in the dining room. Some residents chose to eat in their rooms and they were offered their dining choice by staff in the morning. Tables were decorated with table cloths, flowers and condiments. Residents were seen chatting while eating their meal. One resident said that mealtimes "make their day", while another said "it was the highlight of their day". The lunch time meal appeared appetising and residents were very complimentary of the food being served.

Inspectors observed that staff engaged with residents in a respectful and kind manner. Residents spoke very positively about staff with the inspectors. Inspectors saw that staff were available to sit and chat with residents throughout the day. Feedback from residents and visitors was very positive. A book of complimentary letters was seen by inspectors in which family members wrote letters of appreciation for care and support of the residents. One resident said they were the "luckiest person in the world".

There was a varied schedule of activities available for residents to enjoy in the centre, that were facilitated by the centre's activity coordinator, external musicians and facilitators. Residents were seen reading newspapers in the morning and watching television with some residents watching mass. Residents were receiving one to one activities such as hand massages in the morning and took part in a rosary in the afternoon which was led by a resident.

Visitors were seen arriving at the centre throughout the day without restriction. They were able to use different areas of the centre to visit their loved ones. Visitors used bedrooms, corridor seating areas and also the garden to visit. All visitors that spoke with the inspectors were very complimentary of the service provided. Residents were seen going out on trips with visitors during the day of inspection.

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

Capacity and capability

Overall, Douglas Nursing Home was a well-managed centre where residents received good quality care and services. The management were proactive in responding 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 inspectors 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.

Golden Nursing Homes Limited is the registered provider for Douglas Nursing and Retirement Home and is registered to accommodate 58 residents. The office of the chief inspector was notified in May 2023 that the centre would be operating under two new directors, one of which was engaged in the management of the centre on a day to day basis. The inspector found that there were clear lines of accountability and responsibility with each member of the team having their role and responsibilities defined.

The person in charge was supported in their role by an assistant director of nursing (ADON), a clinical nurse manager (CNM), a team of nurses, care staff, housekeeping, administration staff and an activity coordinator. The person in charge was full time in the role and had the relevant experience. The person in charge was on leave on the day of inspection and the ADON came in on their day off to support the inspection.

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 assistant director of nursing and the clinical nurse manager were rostered at weekends and provided management support to staff during these times. Staff were appropriately supervised and supported to perform their respective roles by the management team. The inspector saw that newly appointed staff were provided with an induction period. Staff had the required skills and competencies to perform their roles, however, as found on previous inspections some staff required updates in mandatory training as outlined under regulation 16.

Records in the centre were well maintained and stored securely. Staff records viewed contained the information required under the regulations. There was an annual review of the quality of care in the centre completed for 2022 which included consultation with the residents and incorporated their feedback. This annual review provided a road map for improvement for the centre in 2023.

There was an effective 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 electronic incident log maintained at the centre, incidents were notified to the Chief Inspector in line with legislation.

There was evidence of consultation with residents in the planning and running of the centre. Residents' meetings were held and resident satisfaction questionnaires completed to help inform ongoing improvements in the centre. Minutes of these

meetings reviewed by the inspector indicated that action was taken where residents raised issues.

Regulation 15: Staffing

There was appropriate staffing levels to meet the needs of the residents and also for the size and layout of the building. Two nursing staff at minimum were scheduled on duty day and night and seven days a week.

Judgment: Compliant

Regulation 16: Training and staff development

A number of staff were overdue training in safeguarding of vulnerable adults, managing responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) and infection control. This was a repeat finding from the previous inspection.

Judgment: Substantially compliant

Regulation 21: Records

Records were managed in a comprehensive manner to ensure compliance. A sample of staff files were examined and contained all information required under Schedule 2. The inspectors saw that Garda vetting was in place in the staff files reviewed.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured the centre is sufficiently resourced. There was a clearly defined management structure in place. A schedule for auditing was in place and an annual review was completed for 2022 which identified actions in the centre for 2023. A new PPIM was in place but was well known to staff, residents and visitors.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents in the centre had been reported, reviewed and logged. Notifications were submitted to the regulator in line with the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre's complaint's procedure was displayed in the centre and included a nominated complaints officer. Both verbal and written complaints were seen to be recorded and included the outcome and whether the complainant was satisfied with the outcome.

Judgment: Compliant

Quality and safety

In general, inspectors 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 were protected from harm and abuse and visiting arrangements promoted the well-being of residents. For the most part, the premises enhanced the residents' life in the centre. The inspectors found that some issues identified in relation to fire safety, premises and infection control required action as outlined under the relevant regulations.

The inspectors found that residents health care needs were met to high standard. Residents had access to GP services both regularly and as required, speech and language therapy, dietetic services, occupational therapy services, tissue viability nurse, and physiotherapy services. Assessments used in care planning were comprehensive, giving relevant information to guide staff to deliver person centred care for residents. Care plans were reviewed every four months or sooner if required.

The inspector found that the design and layout of the centre was suitable for its stated purpose and to meet residents' individual and collective needs in a comfortable and homely way. . Overall the premises was very bright, nicely decorated and well maintained. There was plenty of communal spaces including

easy to access to a number of well maintained outdoor areas for residents to enjoy. Storage in the centre required action and this is discussed further in the regulations. The centre was clean but some improvements were required, in relation to cleaning processes and other practices which may increase the risk of cross contamination, that are listed under regulation 27.

Systems were in place to promote safety and effectively manage risks. The risk management policy included the regulatory, specified risks and a risk register was in place that was updated annually.

The fire safety management folder was examined. Fire safety training was up-to-date for staff. There was clear signage displayed to direct staff and residents in the event of a fire. Residents had personal emergency evacuation plans (PEEPs) in place. Appropriate service records were in place for the maintenance of the fire fighting equipment and of the fire detection system. Emergency lighting servicing required action. The provider had undertaken fire safety drills and evacuations of compartments with simulated night time staffing levels regularly at the centre. Some actions required in relation to fire safety are outlined under regulation 28.

Staff were seen to be respectful, friendly and courteous with the residents. Staff who spoke with the inspectors showed they had the necessary knowledge and competencies required to care for residents with a variety of needs and abilities. Staff knew the residents well and this was evident in their communication and respect shown to the residents.

Residents' rights were protected and promoted. Residents could choose how and where to spend their day. Individuals' choices and preferences were seen to be respected. Residents' bedrooms were decorated and had personalised items to the residents' choosing. Resident meetings were held which ensured that residents were engaged in the running of the centre. Residents were consulted with about their individual care needs and had access to independent advocacy if they wished. Visitors were welcomed in the centre and many visitors were seen coming and going on the day of inspection.

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. Residents were seen going out on trips accompanied by their visitors.

Judgment: Compliant

Regulation 17: Premises

The premises and the external gardens are well maintained. However action was required for the following:

- a number of storage areas needed to be reconfigured as oxygen cylinders were incorrectly stored in a small storeroom and boxes of personal protective equipment items were stored near an electrical board. This was completed on the day of inspection
- a number of areas of floor carpets were stained in a corridor, bedroom and the conservatory.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

There was a good choice available to residents at meal times. Residents were happy with the choices and the food looked appetising. Residents were assisted as and when required by staff and staff interacted well with residents during meal times. Residents were offered snacks and drinks at regular intervals throughout the day of inspection.

Judgment: Compliant

Regulation 26: Risk management

The risk management policy met the requirements of the regulations and contains measures and actions to control the risks specified in the regulations.

Judgment: Compliant

Regulation 27: Infection control

There were a number of issues identified that required action to ensure that procedures consistent with the standards for the prevention and control of health care associated infections were implemented by staff:

- a review of cleaning products used for routine cleaning was required to ensure compliance with national guidelines as disinfectant cleaner was used on floors instead of a detergent cleaner
- one of the two bed pan washer was not working on the day of inspection and unclean equipment was seen being removed from another

- a number of urinals and bedpans seen by the inspectors were stained, these were removed on the day of inspection
- clinical hand wash sinks, although purchased, had not been installed to ensure easy access for staff to appropriate hand washing facilities
- staff oversight was needed in relation to reducing the risk of cross contamination, staff were seen by inspectors wearing false nails and a wrist watch
- staff were seen by inspectors handling laundry against their uniform without using appropriate personal protective equipment which may have caused cross contamination.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The storage of equipment in store rooms needed review in order to reduce the risk of fire as cardboard boxes were stored against a fire board. This was addressed on the day of inspection.

Records required in relation to quarterly emergency lighting were unavailable to inspectors on the day of inspection.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medicines and pharmaceutical services in the centre were well managed and medications were seen to be 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 care plans were comprehensive and person centred and reviewed every four months or as required.

Judgment: Compliant

Regulation 6: Health care

Residents had access to GP services, speech and language therapy, dietetic services, occupational therapy services, tissue viability nurse, and physiotherapy services. Residents were reviewed regularly and as required by general practitioners.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff interacted appropriately and respectfully with residents at all times. Restrictive practices, for example bed rails, were used with the consent of residents and in the least restrictive manner.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that residents rights and choices were promoted and respected in the centre. Residents were supported to engage in activities that aligned with their interests and capabilities. There was an activities co-ordinator employed in the centre who facilitated a varied and stimulating activities programme for residents. Residents had access to media and aids such as newspapers, radio, televisions, and telephone. Residents were consulted with on a daily basis by the person in charge and staff. Formal residents' meetings were facilitated and there was evidence that relevant issues were discussed and plans put in place to address them.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	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	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Douglas Nursing and Retirement Home OSV-0000223

Inspection ID: MON-0039386

Date of inspection: 15/08/2023

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>All staff training to be monitored and audited annually internally. We are introducing an IT-based training matrix for all staff, October 31st 2023. Since August 15th, the date of inspection, all staff have commenced or completed all online training. On September 14th & 15th we completed in house patient moving and manual handling for all staff that were out of date and the staff that had only done the online PMMH, please see attached. Mandatory training to be incorporated into induction for all new staff.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Storage issue completed on the day of inspection and will be monitored on an ongoing basis. The carpets mentioned were all cleaned on August 30th. As we have just taken over Douglas Nursing Home we plan on changing some carpets and redoing some elements in that side of the home, 30.11.2023.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection</p>	

control:

Disinfectant cleaner was removed from the home on the day of inspection and only detergent cleaner in use since then. Bed pan washer 1 had been serviced on June 16th and was serviced again on September 22nd and is working perfectly. Bed pan washer 2 is being serviced Thursday 28th, (we had been waiting on a part for this since June). Clinical hand wash sinks, that were purchased in 2022 where we had been awaiting a part for correct installation, are now installed. Six additional hand sanitizers were erected throughout the home on August 30th. All staff have been reminded about not wearing false nails and jewelry. All staff have been reminded about their IPC measures and the importance of adhering to same. Staff have also been asked to completed training on same by September 30th.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Storeroom issue completed on date of inspection. With the transfer of ownership, we could not locate the emergency lighting quarterly certs. As we were due our annual emergency lighting inspection on September 15th, our electrician completed our quarterly inspection and annual inspection on August 29th.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	14/09/2023
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	30/08/2023
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	28/09/2023

Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	15/08/2023
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	29/08/2023