Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre: Dunlavin Nursing Home
Name of provider: Dunlavin Nursing Home Limited
Address of centre: Dunlavin, Wicklow
Type of inspection: Announced
Date of inspection: 04 and 05 April 2019
Centre ID: OSV-0005381
Fieldwork ID: MON-0022866
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 centre. 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 with dementia. Railway unit has accommodation for 24 residents and Market House unit has accommodation for 18 residents. All units 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 dayroom and dining room. Other sitting rooms and seated areas are located in Railway and Market House units. A seated area is available by the nurses' station in Stream unit. A visitors' room is located off the reception area. All units have access to enclosed 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.

<table>
<thead>
<tr>
<th>Current registration end date:</th>
<th>21/11/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>58</td>
</tr>
</tbody>
</table>
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:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>04 April 2019</td>
<td>09:40hrs to 17:30hrs</td>
<td>Catherine Rose Connolly Gargan</td>
<td>Lead</td>
</tr>
<tr>
<td>05 April 2019</td>
<td>09:00hrs to 13:30hrs</td>
<td>Catherine Rose Connolly Gargan</td>
<td>Lead</td>
</tr>
<tr>
<td>05 April 2019</td>
<td>09:00hrs to 13:30hrs</td>
<td>Margo O’Neill</td>
<td>Support</td>
</tr>
</tbody>
</table>
Views of people who use the service

Inspectors met with residents and some relatives who were in visiting them on the days of the inspection. Eleven residents returned pre-inspection questionnaires distributed to them on behalf of the Office of the Chief Inspector prior to this inspection. The majority of residents described satisfaction with all aspects of the service they received. Feedback by a small number of residents not being able to make decisions about the activities they attended was found in the dementia unit.

The majority of residents said they were satisfied with living in the centre. While one resident said they were grateful for the security and safety they got with living in the centre, two other residents said they wished they could live in their own homes. Residents and their relatives all said staff were very good and caring and they went out of their way to make sure their needs were met. Residents said staff always came when they needed them and they never had to wait for help.

Residents told inspectors that there was a very free and easy atmosphere in the centre and they could come and go as they wished. They said there was a lot of fun and laughter and some spoke about other residents as being their 'good friends'.

Residents and relatives who spoke to inspectors said the service provided in the centre was faultless and they knew they could make a complaint to the person in charge or any other staff member if they were ever dissatisfied. Two residents confirmed that they were aware they had a care plan and the way they were cared for by staff was as they wanted it to be. Some residents said they could go out to the garden but it was too cold and they were looking forward to sitting out in the gardens in the warmer weather. Many residents pointed out the beautiful views of the surrounding countryside from their bedroom windows. They said they could decorate the bedroom as they wished and a number of them had brought items of furniture from their own home such as favourite chairs, mirrors, dressing tables and bookshelves.

Residents told the inspectors they mostly had access to plenty of activities they liked to occupy their time. They said they loved the chair yoga and the dog who accompanied the yoga instructor and joined in on some of the yoga positions. Residents said there was live music sessions on at least every week and they looked forward to and really enjoyed them.

Capacity and capability

This was an announced inspection to monitor ongoing compliance with the
Regulations and Standards. Inspectors followed up on notifications and unsolicited information received by the Office of the Chief Inspector since the last inspection in March 2018. The unsolicited information received was not substantiated on this inspection. On the last inspection, inspectors found that the centre was in compliance with all regulations assessed.

There was a comprehensive and proactive governance in the centre. The management structure was clearly defined and all staff were aware of their roles and responsibilities. The centre was well managed and there were arrangements in place to monitor the quality and safety of care and the service delivered to residents. Residents' quality of life in the centre was monitored and the provider and management team were committed to ensuring residents enjoyed meaningful lives. The person in charge worked on a full time basis and the provider met with senior management on a weekly basis to review the service. This arrangement ensured that issues were address in a timely manner. The person in charge had robust procedures in place to monitor the standard of clinical care delivered to residents. The outcome of audits and review of complaints and key clinical parameters such as falls, use of restrictive practices, wounds, complaints, medication management and adverse incidents informed continuous quality improvements in the centre.

While sufficient resources were provided to ensure care was delivered in accordance with the centre's statement of purpose. Residents had a general practitioner of their choice. All residents including medical card holders were changed a fee for a GP visit to the centre. This charge was included in the contract of care. Adequate numbers of staff were available with appropriate skills to meet the needs of residents. Staff were appropriately supervised and facilitated to attend mandatory and professional development training. There was robust recruitment and induction procedures in place. The provider ensured that all staff had completed Garda Vetting before commencing working in the centre as per the National Vetting bureau (Children and Vulnerable Persons) Act 2012.

There was good consultation procedures in place with residents and their relatives.

### Regulation 14: Persons in charge

The person in charge was appointed in the centre in March 2016 and meets the requirements of the regulations. The person in charge is a registered nurse, works full-time in the centre and is suitably qualified and experienced. She had worked in the role of person in charge of a number of residential services for older persons previous to her appointment in the centre. The person in charge is engaged in the governance, operational management and administration of the centre on a full-time basis.

**Judgment: Compliant**
### Regulation 15: Staffing

There was sufficient staff with appropriate skills to meet the assessed individual and collective needs of residents in the centre. Residents were attended to without delay and staff took time to chat to residents.

A planned and actual staff rota was in place, with changes clearly indicated. The roster reflected the staff on-duty on the day of inspection.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff training records were viewed by inspectors and referenced that mandatory training requirements for staff were facilitated. Staff were also facilitated to attend training to support their professional development.

An induction process, including training, was in place for newly-recruited staff. Annual appraisals were carried out with staff by the person in charge. Staff were well-supervised and staff who spoke with the inspectors said they enjoyed working in the centre and were well supported by senior staff.

Judgment: Compliant

### Regulation 19: Directory of residents

The directory of residents was made available to inspectors. The centre maintains a directory of residents that is inclusive of all information required by the Regulations.

Judgment: Compliant

### Regulation 21: Records

Records of each fire practice, drill and test of fire equipment was maintained. The records of simulated emergency evacuation drills completed had sufficient detail to provide assurances that residents could be safely evacuated in the event of a fire in the centre. Information included staffing resources, location of the simulated
fire, compartment evacuated, time taken to complete evacuation and any areas identified as needing improvement.

All other records required under Schedules 1, 2, 3, 4 and 5 of the Regulations were maintained.

Four staff files were examined by inspectors and were found to contain all information as required by Schedule 2 of the regulations including a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

<table>
<thead>
<tr>
<th>Regulation 22: Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confirmation of up to date insurance as required by the Regulations was made available to inspectors.</td>
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<tr>
<td>Judgment: Compliant</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Regulation 23: Governance and management</th>
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<tbody>
<tr>
<td>There was a clear governance and management structure in place to ensure the service delivered was appropriate, safe and consistent high quality care given to residents. Staff roles were defined and all staff were aware of their individual roles and responsibilities.</td>
</tr>
<tr>
<td>Systems were in place to monitor the quality and safety of clinical care, the service delivered to residents and residents' quality of life in the centre. However, improvements were required to ensure that the quality assurance system was used to inform continuous quality improvement. For example action plans developed to address areas identified in audits as needing improvement, were not consistently closed out to evidence completion. Regular management meetings were held to ensure good communication and oversight of the service by the provider and senior management. The person in charge met with staff to review practice in all areas and to share findings from auditing and promote learning.</td>
</tr>
<tr>
<td>Adequate resources were provided to meet residents' care needs.</td>
</tr>
<tr>
<td>An annual review report on the quality and safety of care and quality of life for residents was prepared for 2018.</td>
</tr>
<tr>
<td>Judgment: Substantially compliant</td>
</tr>
</tbody>
</table>
### Regulation 24: Contract for the provision of services

Contracts for the provision of care were available for each resident. Several residents signed their own contracts of care. The contracts outlined the terms and conditions of residency, services to be provided and the fees to be charged. Additional fees charged for activities and a fee for general practitioner (GP) services were stated in each resident's contract. The provider advised that the additional fee for GP services was levied by residents' GPs. Signatory agreement by residents or their family members on their behalf with this arrangement was in place.

Judgment: Compliant

### Regulation 3: Statement of purpose

The centre's statement of purpose contained the information required under Schedule 1 of the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The statement of purpose described the management structure, the facilities and the service provided.

Judgment: Compliant

### Regulation 30: Volunteers

The provider confirmed that one volunteer worked in the centre facilitating specific activities for residents. The volunteer's contribution to residents' quality of life was highly valued by residents and staff. The provider was aware of the requirements of the Regulations regarding any volunteers in the centre including a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. A vetting disclosure, role description and supervision arrangements were available for the centre's volunteer worker.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge submitted notifications of incidents to the Office of the Chief.
Inspector within the specified timescales required by the Regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre’s complaints policy and procedures for making a complaint were displayed around the centre with nominated persons for handling complaints identified. There was good evidence of prompt investigation and recording of complaints and satisfaction of the complainant was consistently recorded. Complaints were used to inform continuous quality improvements in the centre.

Judgment: Compliant

Regulation 4: Written policies and procedures

The centre's operating policies and procedures were made available to inspectors. Policies and procedures were noted to be site-specific and included policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. All policies were reviewed and updated at intervals not exceeding three years to ensure the information in them reflected best practice information.

Judgment: Compliant

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

There was no absences exceeding 28 days by the person in charge. An appropriately qualified and experienced assistant director of nursing worked with the person in charge on a day-to-day basis and deputised in her absence.

Judgment: Compliant

Quality and safety

Overall, residents were provided with a good quality service and they enjoyed a good quality of life in the centre. With the exception of some improvements
necessary in the layout and design of the communal accommodation in the
dementia unit, the centre premises provided residents with a comfortable, accessible
and therapeutic environment. The centre was visibly clean throughout and was
maintained and decorated to a high standard. The centre was decorated in a style
that was familiar to residents with an abundance of tactile wall hangings and
displays located throughout the centre. A collection of photographs of scenes of the
local town and people residents knew during early life were displayed on the walls.

The majority of residents were provided with choices about how they spent their
day, where they ate their meals, the activities they participated in, the time they
retired to bed and the time they got up in the mornings. However residents in the
dementia unit had a dining sitting room and the did not have the same choices as
other residents in relation to access to a quiet room for relaxation, dining or
enjoying activities. There were dedicated activity staff, who were supported by care
staff to provide residents with a range of activities. Assessment of residents activity
needs and documentation of activities residents participated in needed
improvement.

Residents' nursing needs were met to a good standard. Each resident's healthcare
needs were met by a general practitioner and good access to allied health
professionals. Residents with behaviours and psychological symptoms of dementia
were well supported by their GP and staff in the centre. Access to community
psychiatry of later life services was delayed as these services were not available in
the area. The provider and person in charge had made efforts on behalf of residents
to ensure their access to this service was expedited by alternative routes. Residents
were encouraged and supported optimise their independence where possible.

The residents' committee that met regularly and residents were consulted with
regarding their care and the service provided. The provider valued residents' views
and provided them with opportunities to participate in the running of the centre.

Residents stated they felt safe in the centre and spoke positively about the care
team and management in the centre. Staff who spoke with the inspector knew
residents' well and were knowledgeable regarding their individual needs. A
safeguarding policy was in place and all staff were facilitated to attend training on
safeguarding residents from abuse. Staff told the inspector they were aware of their
responsibilities to report and stated there was no impediment to them reporting and
suspicions, disclosures or incidents they may witness. The person in charge used an
accredited tool to ensure staff interactions with residents were person-centred and
therapeutic. Inspectors observed that staff had developed good relationships with
residents and were committed to ensuring their care was provided to a high
standard.

The provider took a proactive approach to managing risk in the centre and
had appropriate measures and procedures in place to ensure residents health and
safety needs were met. Residents were protected from risk of fire in the centre and
staff who spoke with the inspector were knowledgeable regarding emergency
evacuation procedures in the centre. All staff were facilitated to attend fire safety
training and evacuation procedures.

**Regulation 10: Communication difficulties**

Residents with communication difficulties were supported to optimise their communication with communication aids as necessary.

Judgment: Compliant

**Regulation 11: Visits**

An open visiting policy was in place in the centre. Visitors were welcomed and residents were facilitated to meet their visitors in private if they wished in an area outside of their bedroom. A record of all visitors to the centre was maintained.

Judgment: Compliant

**Regulation 12: Personal possessions**

Residents were provided with adequate storage space for their clothing and personal belongings. Residents were supported to access and maintain control over their property. A record of each resident's possessions was maintained to ensure risk of lost items was mitigated.

A laundry service was provided in the centre for residents and their clothing was laundered appropriately. The layout and design of the laundry reflected best practice standards. Residents clothing were discretely labeled to ensure safe return to each resident. Residents clothes were observed by inspectors to be clean, ironed and well cared for.

Each resident was provided with a lockable space in their bedroom for secure storage of their valuable possessions. The provider kept small amounts of money in safekeeping on behalf of some residents for their day-to-day expenses. The inspectors examined this procedures and saw that comprehensive records of transactions were maintained and balances were correct. The provider acted in the role of pension agent for collection of one resident's social welfare pension. Procedures were transparent and reflected legislative and recommended practices and procedures.
Judgment: Compliant

**Regulation 13: End of life**

No residents were receiving end-of-life care in the centre on the days of inspection. Inspectors saw that staff consulted with each resident where possible, or their relatives, as appropriate, to ensure residents wishes for end of life care were elicited and documented. However, improvement in this information was necessary to ensure residents' individual preferences were described regarding their wishes for their physical, psychological and spiritual care. Inspectors were told that this information was obtained when residents became ill. This arrangement did not give residents sufficient opportunity to express their wishes regarding their end-of-life care while they are well.

All residents resided in single bedrooms in the centre. A relatives' room was available and provided overnight accommodation to facilitate residents' relatives to be with them in the event of them becoming very ill. Staff outlined how residents' religious and cultural practices and faiths were facilitated. Members of the local clergy from the various religious faiths were available to and provided pastoral and spiritual support for residents.

Judgment: Substantially compliant

**Regulation 17: Premises**

The centre premises was maintained to a high standard and was visibly clean throughout. With the exception of the dementia unit, the layout and design of the rest of the centre met the individual and collective needs of residents to a good standard. The layout and design of the dining room in the dementia unit did not provide sufficient dining accommodation for some residents during mealtimes. An alternative room to the sitting room was also not available for residents' recreational activities in the dementia unit. The outcome of this arrangement was that a small number of residents did not have access to alternative accommodation for sitting, dining or recreational activities.

The layout and design of residents' bedrooms met their individual needs, including space to use assistive equipment. Each bedroom had sufficient storage space and full en-suite facilities provided. Handrails were in place along all circulating corridors and grab rails in contrasting colours to sanitary ware were fitted in en suite toilets and showers. To maximise residents functional ability. Access for residents with dementia or vision problems was optimised with bright floor covering that did not have any bold patterns, good use of natural light and appropriate signage throughout.
**Judgment: Substantially compliant**

**Regulation 18: Food and nutrition**

Arrangements were in place to ensure the nutrition and hydration needs of residents were met. A validated assessment tool was used to screen residents for nutritional risk on admission and regularly thereafter. Residents' weights were checked routinely on a monthly basis and more frequently if they experienced unintentional weight loss or gain. Residents had access to speech and language therapy and dietician services as necessary. Special diets were communicated to the Chef who made efforts to ensure residents were provided with appetising food that met their individual preferences and needs. Meal preparations were provided as recommended for residents with swallowing difficulties, with unintentional weight loss or gain and for residents with medical conditions such as diabetes. Residents' dietary recommendations were also described in their care plan to ensure they were known to staff. The daily menu was displayed and also communicated by staff to residents to assist them with making informed choices. Residents were provided with snacks throughout the day and had a choice of hot meals or alternatives to the menu for lunch and tea. Sufficient numbers of staff in the dining rooms provided residents with discreet and patient assistance with their meals as necessary.

While mealtimes was a social occasion in the centre for most residents with efforts made to ensure friends were seated together where possible. However, inspectors observed that five residents in the dementia unit dined in the sitting room and did not have a choice to take their meals in the dining room. Four of these residents were assisted by staff with eating their meal did not have access to a dining table.

**Judgment: Substantially compliant**

**Regulation 20: Information for residents**

A residents' guide document is made available to residents and includes a summary of the services and facilities available in the centre. Each resident is provided with a copy of the residents' guide document for their information.

**Judgment: Compliant**

**Regulation 25: Temporary absence or discharge of residents**

A policy is available in the centre to inform the procedures for the temporary absence or discharge of residents. Arrangements were in place for communication of
all relevant information regarding residents' transfer or discharge to the hospital or back into their community. Records were maintained in the directory of residents regarding residents who leave or are temporarily absent from the centre.

Judgment: Compliant

### Regulation 26: Risk management

The health and safety of residents, visitors and others was promoted and protected by comprehensive risk management procedures. A safety statement and risk management policy for the centre was in place. All actual and potential hazards were identified, risk assessed and had robust controls in place to mitigate levels of risk as necessary. The measures and actions to control the risks specified in regulation 26(1)(c) were stated. Arrangements were in place to identify, record, risk assess and investigate adverse events involving residents or others. Areas needing improvement and to inform learning were identified as outcomes of investigation and were implemented. An emergency plan was in place to inform response to major incidents that posed a threat to the lives of residents.

Judgment: Compliant

### Regulation 27: Infection control

A policy informing infection and prevention and control procedures was available and included management of communicable infections and any infection outbreaks. Hand hygiene dispensers were located at various and frequent locations throughout the centre. All staff were facilitated to attend training in hand hygiene and procedures consistent with the national standards. The cleaning system in place reflected best practice cleaning procedures.

Judgment: Compliant

### Regulation 28: Fire precautions

There were procedures and practices in place to protect residents from risk of fire. Arrangements were in place to ensure residents could be safely evacuated to a place of safety in the event of a fire in the centre. Fire fighting equipment was observed to be in place throughout the building and emergency exits were clearly displayed and free of obstruction. The building was compartmented. Emergency evacuation procedures were displayed prominently throughout the building.
Simulated evacuation drills were completed to test the efficacy of day and night time conditions including staffing arrangements. Arrangements were in place to carry out daily and weekly fire safety equipment checking procedures. The centre’s fire alarm was sounded on a weekly basis to check that it is operational at all times. Arrangements were in place for quarterly and annual servicing of emergency fire equipment by a suitably qualified external contractor. The contractor also provided an on-call repair service.

Each resident has their individual evacuation needs assessed and this information was recorded. All staff were facilitated to attend fire safety training and to participate in a simulated evacuation drill.

Judgment: Compliant

**Regulation 29: Medicines and pharmaceutical services**

Residents were protected by safe medicines management practices and procedures in the centre. There were written operational policies informing the ordering, prescribing, storing and administration of medicines to residents. Practices in relation to prescribing, administration and review of medications met with regulatory requirements and reflected professional guidelines. The pharmacist who supplied residents’ medicines was facilitated to meet their obligations to residents and made themselves available to answer any queries individual residents had regarding their medicines. There were procedures in place for the returning out-of-date or unused medicines to the pharmacy. Medicines controlled by misuse of drugs legislation were stored securely and balances were checked twice daily by staff. Medicines requiring refrigerated storage were stored appropriately and the medicine refrigerator temperatures were checked on a daily basis.

Judgment: Compliant

**Regulation 5: Individual assessment and care plan**

Staff used a variety of accredited assessment tools to complete a comprehensive assessment of each resident's needs within 48hours of their admission and at regular intervals thereafter. This process included assessment of each resident’s risk of falling, malnutrition, pressure related skin damage, depression and their mobility support needs among others. These assessments informed care plans to meet each resident's needs. Good detail was provided regarding interventions needed to meet residents health needs. However, improvement was necessary to ensure the residents individual care preferences and wishes were clearly described in the care plans. For example, care plans describing residents' preferences regarding their
personal care and social care interventions.

Where possible, residents were consulted with regarding their care plan development and subsequent reviews. The families of residents unable to be involved in this process were consulted on behalf of individual residents. Records were maintained of this consultation process.

Judgment: Substantially compliant

Regulation 6: Health care

Inspectors were told that Community Psychiatry of Later Life services were not available in the area. As a result consultations for residents with this service was delayed. This delay necessitated one resident's admission to hospital to access Psychiatry of Later Life services. There was evidence available of interventions made by the centre on behalf of residents to expedite access for them to this service by alternative routes.

Otherwise residents were provided with timely access to all other medical and allied health professional services as necessary. Residents in the centre were cared for by general practitioners from a local practice as they wished. Physiotherapy, occupational therapy, speech and language therapy, tissue viability, chiropody, dental, optical and dietician services were available to residents as necessary. Palliative care services were also available to residents as appropriate.

Residents were given opportunity and supported to access national health screening programmes.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A small number of residents with dementia were periodically predisposed to episodes of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). There were systems in place to support residents with managing any episodes of responsive behaviours that they may experience. Staff in the centre were facilitated to attend training in dementia care and managing responsive behaviours. Inspectors saw that residents' responsive behaviours were well-managed with person centred de-escalation strategies implemented by staff who knew residents well. Behavioural support care plans were developed for residents with responsive behaviours that detailed the triggers to behaviours and effective person-centred de-escalation strategies to guide consistency in care.
procedures.

A restraint-free environment was promoted. Documentation was in place confirming assessment of need for full-length bedrails and details of alternatives tried were recorded. Safety assessments were completed to ensure bedrails were safe for residents to use prior to implementation.

Judgment: Compliant

**Regulation 8: Protection**

There were systems and procedures in place to ensure residents were safeguarded and protected from abuse. Staff were facilitated to attend training in recognising and responding to a suspicion, incident or disclosure of abuse. Staff who spoke with inspectors were knowledgeable regarding the different kinds of abuse and how evidence of the different kinds of abuse may present. All interactions observed by inspectors by staff with residents were respectful, courteous and kind.

Judgment: Compliant

**Regulation 9: Residents' rights**

Residents were encouraged to participate and influence the running of the centre. Their feedback was valued by the provider, person in charge and staff in the centre. Residents' meetings were held every two months and their feedback was seen to be used to inform the service. For example, residents views were sought on a plan for a new sensory garden, adjacent to the dementia unit and a new room for quiet rest and relaxation. Residents gave positive feedback on the introduction of an advocate who visited the centre regularly. A regular meeting forum was also held in the centre for residents' relatives to ensure they were well informed of developments and had additional opportunity to give their feedback on the service provided.

Inspectors found that residents' privacy and dignity were respected. Each resident’s accommodation consisted of a single bedroom and full en suite facilities. Some residents liked to leave their bedroom door open and could do so as they wished, as all doors were fitted with self closure devices in the event of an emergency. Staff were observed to knock on residents' bedroom doors before entering and ensured doors were closed during residents' personal care procedures.

A varied and meaningful activity programme was provided for residents including activities that were suitable for residents with dementia or other residents unable or unwilling to participate in scheduled group activities. Care staff supported activity
staff with meeting residents' activity and social needs. However, improvement was required to ensure that residents had access to a range of activities based on their assessed needs which were meaningful for them. Records of activities residents participated in and their level of interest in these activities were not consistently recorded to provide assurances that the activities programme met residents' interests and capabilities. In the absence of access to an alternative room, residents' recreational activities were facilitated in the sitting room in the dementia unit. Inspectors observed that not all residents in the sitting room were involved in an accredited sensory programme. This activity was interrupted by other residents entering and leaving the room. This arrangement required review to ensure residents with dementia were provided with access to appropriate facilities for one-to-one or small group sensory based activities.

Residents were facilitated and supported to meet their wishes to practice their religious faiths. Some residents had a landline telephone in their bedrooms. All residents were provided with access to a telephone if they wished. Newspapers and magazines were available to residents. Use of virtual assistive technology was encouraged and used by some residents with mobility problems to aid their access in their bedroom environment. This equipment had a significant positive impact on their quality of life.

Judgment: Substantially 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:

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
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</thead>
<tbody>
<tr>
<td><strong>Views of people who use the service</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 14: Persons in charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
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</tr>
<tr>
<td>Regulation 19: Directory of residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 21: Records</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 22: Insurance</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 24: Contract for the provision of services</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 3: Statement of purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 30: Volunteers</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 31: Notification of incidents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 4: Written policies and procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 10: Communication difficulties</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 11: Visits</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 12: Personal possessions</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 13: End of life</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 18: Food and nutrition</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 20: Information for residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 25: Temporary absence or discharge of residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 26: Risk management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 27: Infection control</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 29: Medicines and pharmaceutical services</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and care plan</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 6: Health care</td>
<td>Compliant</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>Regulation 7: Managing behaviour that is challenging</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 8: Protection</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 9: Residents' rights</td>
<td>Substantially compliant</td>
</tr>
</tbody>
</table>
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. **Specific** to that regulation, **Measurable** so that they can monitor progress, **Achievable** and **Realistic**, and **Time 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:**

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Substantially Compliant</td>
</tr>
</tbody>
</table>
| Outline how you are going to come into compliance with Regulation 23: Governance and management:  
The quality assurance system now has in place a formalized continuous improvement and learning review which is overseen by the PIC and the Clinical Governance and Operations Manager. |
| Regulation 13: End of life               | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 13: End of life:  
Each residents care plan has been reviewed and where residents and or their families have provided details and information in relation to individual preferences with regard to their wishes re physical, psychological and spiritual care it is documented in the care plan. This plan is reviewed at a minimum every 3 months. |
| Regulation 17: Premises                 | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 17: Premises:  
A sitting plan is implemented daily to ensure that each resident that wishes to avail of a dining place is facilitated. The Dining room is now freely accessible at all times, which |

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can accommodate residents to partake in recreational activities in the dementia unit. Residents also have access to our general Therapy room for one to one therapy and/or small group sensory based activities.

<table>
<thead>
<tr>
<th>Regulation 18: Food and nutrition</th>
<th>Substantially Compliant</th>
</tr>
</thead>
</table>

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:
A sitting plan is implemented daily to ensure that each resident that wishes to avail of a dining place is facilitated. We are currently trialing both our previous separate dining and sitting room as open plan dining/sitting rooms.

<table>
<thead>
<tr>
<th>Regulation 5: Individual assessment and care plan</th>
<th>Substantially Compliant</th>
</tr>
</thead>
</table>

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
The PIC together with the care staff are reviewing all residents care plan to ensure that their individual care preferences and wishes are clearly described in greater detail in their care plans. These will be reviewed every 3 months at a minimum.

<table>
<thead>
<tr>
<th>Regulation 9: Residents' rights</th>
<th>Substantially Compliant</th>
</tr>
</thead>
</table>

Outline how you are going to come into compliance with Regulation 9: Residents’ rights:
The Activity Coordinator and care staff will review and document the residents feedback and record their level of interests, capabilities and level of wellbeing following activities that they have taken part in. Training will be provided to the care staff to ensure this information is captured and available in each residents care plan. This will be reviewed and audited by the PIC and the Clinical Governance team.
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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 13(1)(a)</td>
<td>Where a resident is approaching the end of his or her life, the person in charge shall ensure that appropriate care and comfort, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned are provided.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>30/06/2019</td>
</tr>
<tr>
<td>Regulation 17(2)</td>
<td>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.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>15/05/2019</td>
</tr>
<tr>
<td>Regulation 18(1)(b)</td>
<td>The person in charge shall ensure that each resident is offered</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>15/05/2019</td>
</tr>
<tr>
<td>Regulation</td>
<td>Description</td>
<td>Compliance</td>
<td>Date</td>
<td></td>
</tr>
<tr>
<td>------------</td>
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<td>------------</td>
<td></td>
</tr>
<tr>
<td>23(c)</td>
<td>The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.</td>
<td>Substantially Compliant</td>
<td>15/05/2019</td>
<td></td>
</tr>
<tr>
<td>5(3)</td>
<td>The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident’s admission to the designated centre concerned.</td>
<td>Substantially Compliant</td>
<td>30/06/2019</td>
<td></td>
</tr>
<tr>
<td>9(2)(a)</td>
<td>The registered provider shall provide for residents facilities for occupation and recreation.</td>
<td>Substantially Compliant</td>
<td>30/06/2019</td>
<td></td>
</tr>
<tr>
<td>9(2)(b)</td>
<td>The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.</td>
<td>Substantially Compliant</td>
<td>30/06/2019</td>
<td></td>
</tr>
<tr>
<td>9(3)(a)</td>
<td>A registered provider shall, in so far as is reasonably practical, ensure that a resident</td>
<td>Substantially Compliant</td>
<td>30/06/2019</td>
<td></td>
</tr>
</tbody>
</table>
may exercise choice in so far as such exercise does not interfere with the rights of other residents.