



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	D'Alton Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Convent Road, Claremorris, Mayo
Type of inspection:	Unannounced
Date of inspection:	27 July 2023
Centre ID:	OSV-0000643
Fieldwork ID:	MON-0041003

About the designated centre

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

The D'Alton Community Nursing Unit is under the management of the Health Service Executive (HSE). It is a purpose-built single-storey building and can accommodate 29 residents. It is situated approximately one kilometre from the town of Claremorris, Co. Mayo. Nursing care and the services of a multidisciplinary team is provided to residents who require long stay care or periods of respite care. Residents who have increasing physical frailty, people living with dementia and others requiring assistance with mental health or palliative care needs are accommodated. Day care is provided two days per week and there is separate space and staff allocated to this service. Accommodation is provided in 19 single and five twin rooms. The centre provides a home like environment, is well-maintained and there is adequate dining and sitting room space available to meet the needs of residents accommodated. Outdoor space comprises of two courtyard gardens. The philosophy of care is to provide a safe and home like environment that enables residents to live their lives in a safe, secure and supportive environment, enabled by staff who promote their health, independence, individuality and choices.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	19
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 27 July 2023	09:30hrs to 16:00hrs	Lorraine Wall	Lead

What residents told us and what inspectors observed

On the day of the inspection, the inspector observed resident and staff interactions and found that residents appeared to be content and relaxed in the company of staff. The overall feedback from residents was that they were generally happy with their life in the centre and were well cared for.

This was an unannounced inspection and on arrival to the centre, the inspector met with the staff nurse on duty. On the day of the inspection the person in charge was on annual leave.

The inspector completed a walkabout of the centre which gave the inspector an opportunity to meet with residents and staff, to observe the residents in their home environment and to observe staff practices. There was a relaxed and calm atmosphere in the centre. Residents were being assisted to get up from bed and were being supported by staff to the dining room and communal areas.

D'alton Community Nursing Unit provides long term care for both male and female adults with a range of dependencies and needs. The designated centre is a purpose built nursing home that can accommodate a maximum of 29 residents in single bedrooms. The centre is located on the outskirts of Claremorris town.

There are various communal spaces within the centre, including sitting rooms and an oratory. The centre was warm and bright and residents were observed to utilise the two communal areas. Residents also had unrestricted access to two enclosed courtyards which were generally well maintained.

Bedrooms were nicely decorated and were personalised with residents' belongings such as photos, artwork and ornaments. Residents' bedroom accommodation was provided in a mixture of single and twin bedrooms and had sufficient personal storage space available for residents. Overhead hoists were in place in all rooms to enable safe moving and handling.

Overall, the general environment including residents' bedrooms, communal areas and toilets were clean. Alcohol hand gel dispensers were available for use on the corridors and staff were seen to use good hand hygiene techniques.

The inspector observed that staff were working hard to provide care and support to the residents and were kind and empathetic in their interactions with the residents they cared for. The inspector noted staff to be responsive when attending to residents' needs. The inspector spoke with a number of residents who expressed their satisfaction with the quality of care they received, telling the inspector that the "staff are very good" and the "staff cannot do enough for us".

The activities on the day of the inspection included bingo, which was facilitated by a health care assistant assigned to activities, and music which was provided by an

external provider. Residents who participated in these activities were observed to enjoy them.

The inspector observed residents during mealtime and found that staff assisted residents in a respectful manner. Most residents ate their meals in the dining room, while other residents ate their meals in one of the communal rooms. Residents told inspectors that the "food is nice".

Residents' visitors were made welcome and were seen by the inspector coming and going throughout the day of the inspection. Residents told the inspector that they felt safe in the centre and that they could talk to any staff if they had a worry or a concern.

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

Capacity and capability

Overall, this was a well-managed centre. The registered provider had maintained good levels of compliance with the regulations, however there were some areas of non compliance which are discussed further under the relevant regulations in this report.

This was an unannounced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in designated Centres for Older People) Regulations 2013 as amended.

The Health Service Executive (HSE) is the registered provider for D'alton Community Nursing Unit. The senior management team consists of a general manager, a manager of the older persons service and a person in charge.

The provider had not ensured that there was a clearly defined management structure in place within the centre. On the day of the inspection, the inspector was informed that the person in charge was on annual leave. The provider had not ensured that there were appropriate deputising arrangements in place to ensure effective oversight of the service. The clinical nurse manager post was vacant and had been vacant for a number of weeks. Furthermore, the absence, which was due to be for more than 28 days, had not been notified to the Chief Inspector, as per the requirements of Regulation 32: Notification of absence. Following the inspection the provider was issued with an urgent action plan requiring them to put an appropriate deputising arrangements in place to ensure effective management and oversight of the service in the absence of the person in charge.

The remainder of the in-house staff include a team of nurses, health care assistants, a physiotherapist, housekeeping, catering and administrative staff. The inspector was assured that there were enough nursing staff and health care assistants on duty to meet the care needs of residents; however, in the absence of appropriate deputising arrangements for the person in charge, staff nurses were completing additional management tasks to ensure that the centre was effectively resourced on a daily basis. For example on the day of the inspection, there was a number of absences on the roster for the following day and the weekend. The staff nurses on duty were attempting to find cover for these shifts, in addition to their main roles and responsibilities.

There were appropriate systems in place to oversee the service and the quality of care, including audits and key performance indicators. Inspectors viewed a schedule of clinical and environmental audits and found that any actions required to increase compliance were recorded and addressed.

Staff had good access to training for the most part and consequently were up-to-date with training in safeguarding of vulnerable adults and fire prevention; however, a number of staff had not completed their refresher training in the management of responsive behaviours, while others had no record of having completed this training.

The inspector reviewed a sample of resident's contracts and found them to be in line with the requirements of Regulation 24.

A directory of residents was available for review and met the requirements of Schedule 3 of the regulations.

Regulation 15: Staffing

The provider had ensured that the number and skill mix of staff was appropriate to meet the needs of the residents. There were a number of staff vacancies on the day of the inspection and these were being covered by regular agency staff and the centre's own staff working additional hours. This helped to provide continuity of care for the residents.

Judgment: Compliant

Regulation 16: Training and staff development

Overall staff had good access to training and development in line with their roles and responsibilities. As a result staff demonstrated appropriate knowledge and skills in their work. However not all staff had received training in responsive behaviours

which is addressed under Regulation 7.

Judgment: Compliant

Regulation 19: Directory of residents

The provider had established and maintained a Directory of Residents which included the information specified under Schedule 3 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had not ensured that the designated centre had a clearly defined management structure that identified lines of authority and accountability. This was evidenced by;

There was no appropriate deputising plan in place to cover a planned extended period of annual leave for person in charge of the centre. Furthermore the person in charge planned to leave the centre on their return from annual leave and no new person in charge had been appointed. In addition the clinical nurse manager post was vacant and there was no senior person to deputise for the absent person in charge to oversee the care and welfare of the residents.

Whilst the person in charge was due to be in the centre on the 9th of August senior management informed the inspector that the purpose of this attendance was solely to meet with senior management to complete a handover. This was validated by paperwork reviewed by the inspector which included emails to colleagues, the handover pack for the new person in charge and the records of resident meetings stating that the person in charge had resigned from their role on 20 July 2023.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

A sample of residents' contracts were reviewed and were in line with the requirements of Regulation 24.

Judgment: Compliant

Regulation 32: Notification of absence

The provider had failed to give notice to the Chief Inspector of the proposed absence of the person in charge for a continuous period of 28 days. The person in charge had been absent in the centre from 20 July 2023 and was rostered as on annual leave until 28 August 2023, with the exception of attending the centre for a handover meeting with senior management on 9th August.

Judgment: Not compliant

Quality and safety

Overall, inspectors found that residents living in this centre experienced a good quality of life and received timely support from a staff team who knew them well and who were familiar with their needs and preferences. The inspector observed staff and resident interactions and staff were seen to address residents in an empathetic and respectful manner and seek their permission before commencing care.

The design and layout of the premises was suitable for its stated purpose and met the residents' individual and collective needs; however, there was not sufficient storage in the designated centre for large items of equipment such as comfort chairs. As a result these items were not being stored appropriately and the inspector found that one vacant resident bedroom was being used to store these items. Communal areas were spacious and well laid out with comfortable seating for the residents. Corridors were wide and contained hand rails along the walls to assist residents to mobilise safely. Residents' bedroom accommodation was individually personalised with photographs and residents' memorabilia.

The centre was found to be clean and warm. However, the inspector identified some areas which required maintenance and repair and which hindered effective cleaning of the centre. This is discussed further under Regulation 17: Premises and Regulation 27: Infection Control.

The inspector reviewed a sample of resident files and found that residents' care documentation was of a good standard and that care plans provided sufficient up to date information for staff about each resident's care and support needs. Care plans had been updated in line with the regulations and in response to residents' changing needs.

There was evidence of appropriate referral to and review by health and social care

professionals where required, for example, dietitian, occupational therapy and speech and language therapy. Residents also had access to specialist services such as psychiatry of old age.

Inspectors reviewed a sample of behavioural care plans and found that appropriate strategies and interventions were being implemented. There was a restrictive practice register in place, however this required review as it had failed to take into account one physical restraint and various environmental restraints.

Residents in the centre had ease of access to their personal belongings and retained control over their clothes.

Residents were consulted on the day-to-day running of the centre. Residents' meetings took place regularly. Records of these meetings were available for review and demonstrated that topics such as food, COVID - 19, staffing and activities were discussed.

There was a programme of activities available in the centre that was facilitated by a health care assistant each day. Most residents were observed to take part in some form of activity on the day of the inspection and appeared to enjoy the interaction. A comprehensive residents' guide was available for review and met the requirements of Regulation 20: Information for residents.

Residents told the inspector that they enjoyed their meals and that there was plenty of choice. The inspector observed the lunch time meal and found that there were sufficient staff to support the residents accommodated in the centre. Staff offered discreet support and assistance to those residents who required assistance at lunch time.

Visiting arrangements in place on the day of the inspection ensured that residents could meet with their friends and loved ones, in line with national guidance.

Regulation 11: Visits

Visiting arrangements were being managed in the least restrictive manner and in line with national guidance. The inspectors saw that residents could receive visitors in their bedrooms or in a number of communal rooms.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge had ensured that residents retained control over their

possessions as per the requirements of Regulation 12.

Judgment: Compliant

Regulation 17: Premises

The provider had not ensured that all areas of the premises conformed to Schedule 6 of the regulations. For example;

- There was insufficient storage available in the centre. As a result a vacant bedroom which was registered as a bedroom for resident use had been re-purposed as a store room.
- Some walls and door frames throughout the centre required repair and painting as they were scuffed and damaged which hindered effective surface cleaning.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Meals were wholesome and nutritious and residents were given adequate choice in relation to their meal time options.

Judgment: Compliant

Regulation 20: Information for residents

A comprehensive residents' guide was available to review and included all the requirements of Regulation 20.

Judgment: Compliant

Regulation 27: Infection control

The registered provider ensured that the procedures consistent with the standards for the prevention and control of health care associated infections published by the Authority were implemented by staff.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of residents' care documentation and found that assessment and care planning was sufficient to ensure each residents' health and social care needs were identified and were sufficiently detailed to guide care delivery.

Judgment: Compliant

Regulation 6: Health care

The registered provider had ensured that, having regard to the care plan prepared under Regulation 5, all residents received a high standard of evidence-based nursing care, in line with their assessed needs and had good access to allied health care professionals as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

While there was a restraint register in place, this failed to identify the use of one physical restraint in the form of a chair sensor and various environmental restraints around the centre, such as the front door lock, which prohibited residents from moving freely into all areas.

Staff training records showed that nine staff did not have a record of attending responsive behaviours training and 12 staff had not attended refresher training in responsive behaviours since 2019.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had taken all reasonable measures to ensure that residents were protected from abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured that residents rights were upheld. Residents had access to newspaper, television and radio. Residents had sufficient facilities for occupation and recreation.

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	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 32: Notification of absence	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for D'Alton Community Nursing Unit OSV-0000643

Inspection ID: MON-0041003

Date of inspection: 27/07/2023

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A person in charge from another centre took over temporary management on 28/7/23. An acting PIC is in post from 14/7/23. The recruitment process for a new the Person In Charge was evidenced to the Inspector on 27/7/23 and they will be in post on or before 30/11/2023.</p>	
Regulation 32: Notification of absence	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 32: Notification of absence:</p> <p>Notification as requested by the Inspector were submitted on 2nd , 15th and 17th August</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • All non IPC compliant equipment has been disposed of in vacant rooms and storage areas. The assigned storage rooms as per the maps have been reconfigured and allocated storage appropriately. • The purchase of a new shed is on a schedule of works and has been escalated to 	

maintenance following a meeting on 7th Aug this would ensure a secondary external storage facility.

- The painting of the premises is on a schedule of works with maintenance following an action plan and meeting on the 9th Aug. These works will be on a phased basis as per confirmation on 25th Sept with maintenance.
- A planned reconfiguration of the clinical room and the upgrading of bathrooms is on a schedule of works with maintenance following a meeting onsite on 7th Aug.

Regulation 7: Managing behaviour that is challenging

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

Behaviour that Challenges training was completed on 19/06/2023 and Restrictive practice training was completed on 03/07/2023 & 17/07/2023 with a further date planned for November 2023.

- The Restrictive Practice Policy and Procedure and the Management of Responsive Behaviours (including Aggression) policy and procedure has been updated and distributed to all staff on the 2nd Aug 23.
- The restraint risk register has been amended for the unit to include New chair and bed sensors have been purchased in August 2023 and are currently in use following a completed risk assessment. This is all documented on our restrictive practice register and includes bed and chair alarms.
- A risk of intrusion risk assessment has been completed for the Dalton. At the Entrance to the foyer visitors have access to the unit through a bell system and this door is has a code operated magnetic lock. This is to prevent the risk of intrusion as we do not have 24/7 security onsite.
- The resident has full access to mobilise freely around the unit and this external door to the porch does not prohibit the residents from moving freely to all areas.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2023
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Orange	28/07/2023
Regulation 32(1)	Where the person in charge of the designated centre proposes to be absent from the designated centre for a continuous	Not Compliant	Orange	02/08/2023

	period of 28 days or more, the registered provider shall give notice in writing to the Chief Inspector of the proposed absence.			
Regulation 32(2)	Except in the case of an emergency, the notice referred to in paragraph 32(1) shall be given no later than one month before the proposed absence commences or within such shorter period as may be agreed with the Chief Inspector and the notice shall specify the (a) length or expected length of the absence; and (b) expected dates of departure and return.	Not Compliant	Orange	02/08/2023
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	30/11/2023
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the	Substantially Compliant	Yellow	30/11/2023

	Department of Health from time to time.			
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