

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Donore Nursing Home
Centre ID:	OSV-0000032
Centre address:	13 Sidmonton Road, Bray, Wicklow.
Telephone number:	01 286 7348
Email address:	donore_91@yahoo.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Brecon (Care) Limited
Provider Nominee:	John Percival Griffin
Lead inspector:	Ann Wallace
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	20
Number of vacancies on the date of inspection:	6

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was following notification of a significant incident or event. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
24 May 2017 09:00	24 May 2017 19:00
25 May 2017 14:00	25 May 2017 20:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Non Compliant - Moderate
Outcome 04: Suitable Person in Charge	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Substantially Compliant
Outcome 10: Notification of Incidents	Non Compliant - Moderate
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Major
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This was an unannounced inspection by the Health Information and Quality Authority (HIQA). The purpose of the inspection was to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland. The inspector also considered information received by the Authority and notifications submitted relating to safeguarding and safety and suitable staffing. During the inspection the inspector reviewed the information and noted that the centre was carrying out an investigation into the concerns in line with relevant safeguarding legislation.

Over the two days of the inspection the inspector met with residents, family and staff members and medical staff. The inspector also reviewed documentation such as policies and procedures, care plans and records for medical staff and allied health

professionals and observed staff practices within the centre.

Residents were seen to be afforded choice in how they spent their day moving around the centre spending time in different areas including the lounges and the garden. There were adequate staffing levels and skill mix to meet the resident's assessed needs. In most cases residents' health needs were seen to be met with good access to a range of medical and allied health care professionals when required however one resident with high level needs had not had a comprehensive multi disciplinary review of their changing needs.

The inspectors found that there were effective governance and management arrangements in place to ensure the quality and safety of care and services provided in the centre. There was an established staff team with low turnover of staff. Staff had attended training on safeguarding and managing responsive behaviours. Some areas where improvement was required were noted in relation to health and safety, privacy and dignity, notification of incidents and health and social care needs. These are detailed in the report and set out in the action plan at the end.

Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The Statement of Purpose was reviewed in December 2016 and meets the requirements of Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The Statement of Purpose accurately described the aims, objectives and ethos of the centre and the facilities and services provided for the residents. The Statement of Purpose was reviewed in December 2016 and meets the requirements of Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There were effective management arrangements in the centre and systems in place to

monitor the quality and safety of the service. The service provided in the centre was seen to be in line with the statement of purpose.

The inspector found that there was a clear management structure with defined lines of authority and accountability. Staff were clear about their roles within the centre and demonstrated accountability in their work.

Residents who spoke with the inspectors said that they saw the person in charge or her deputy on a daily basis and were able to raise any issues or concerns with them. The provider nominee was in the centre most days and was well known to staff and residents. Staff reported that they were clear about who to raise issues with and that they found the management in the centre were focused on the residents' needs and were approachable.

The inspector found that there were systems in place to monitor the quality of care and the experience of the residents on an ongoing basis. These included the monitoring of key areas such as care planning, dependency levels, restrictive practices, incidents, complaints and responsive (challenging) behaviours. Monthly audits of care plans and medication records were also carried out. The inspectors found evidence of improvements being made in response to audits in care planning and medication management.

The centre held a programme of regular meetings including resident meetings, staff meetings and resident review meetings. Minutes were recorded for all staff and resident meetings.

The annual report for the centre for 2016 was made available to the inspector. The report format had been developed since the last inspection and included feedback from residents and their families.

Judgment:
Compliant

Outcome 03: Information for residents
A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The issues arising from the previous inspection related to resident contracts which did not identify the fees charged by the centre for additional costs. The inspector reviewed

3 resident contracts and found that although some additional costs had been clarified this was not a comprehensive list as the costs for additional taxi and staff escort services had still not been clearly identified in the contracts.

The centre had reviewed the resident's guide in December 2016. The document was available for all residents and their families on admission to the centre. It provided comprehensive information on the facilities and services available for residents, the terms and conditions of residency, the complaints procedure and the arrangements for visiting. The guide was well laid out and provided information in an easy to read format.

Judgment:
Non Compliant - Moderate

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The person in charge (Director of Nursing) is a registered nurse who has held the position of person in charge in the centre since 2003. She works full time. She has a management qualification. During the inspection she demonstrated a good knowledge of the Health Act 2007 and her role in ensuring compliance with the regulations and standards.

The person in charge is supported by a Deputy Director of Nursing who deputizes in her absence. They worked well together throughout the inspection process.

Judgment:
Compliant

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The deputy director of nursing (ADON) is a registered nurse with 12 years experience of caring for older persons in a nursing home setting. In 2014 she gained a management diploma through the QQI framework. All the required paperwork relating to her appointment has been submitted to the authority.

She cooperated with the inspection and demonstrated a good knowledge about the Health Act 2007 and the regulations. She was clear about her role as acting person in charge and her responsibilities in the absence of the person in charge.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

One action from the previous report had not been satisfactorily implemented relating to a resident who occupied a twin room and was unable to personalize the space due to the responsive behaviours of another resident. This is dealt with in the action plan at the end of the report.

The inspector found that procedures were in place to safeguard and protect residents from abuse. Evidence was seen that the provider was working towards a restraint free environment and there were policies and procedures in place for managing responsive (challenging) behaviours.

The centre had safeguarding policies and procedures in place which described the measures that were to be taken in the centre to prevent, detect and respond to any concerns regarding abuse. Staff who spoke with the inspector were able to articulate the policies and procedures relating to safeguarding and reporting elder abuse. Records showed that staff had attended training on elder abuse and managing responsive behaviours.

Any incidents, allegations, suspicion of abuse had been recorded. The inspector noted

that a recent incident was being investigated by the person in charge in line with the centre's policy however the appropriate notification for the incident had not been received into the HIQA offices within the required timeline.

The inspector found that the use of bed rails was minimal in the centre. The use of bedrails was monitored and recorded in the centre's restraint log. The inspector reviewed a sample of assessments for bed rails and found that individual resident risk assessments documented that alternatives to bed rails had been considered. Risk assessments and care plans showed evidence of resident and family involvement in decisions regarding risk management and restraint.

There was a policy in place for managing responsive behaviours. The majority of residents displayed responsive behaviours. Staff were knowledgeable about individual residents and what might trigger responsive behaviours in individuals. Staff were aware of the appropriate techniques to be used with individuals when responsive behaviours were exhibited. The inspector observed staff using a variety of techniques to support and manage residents who presented with responsive behaviours. Individual resident care plans and risk assessments documented the triggers for responsive behaviours and the interactions to be implemented if they occurred. Resident records documented multidisciplinary assessments and reviews had been completed for residents with escalating responsive behaviours. This included regular reviews by the general practitioner (GP), consultant psychiatrist and the community mental health team.

Staff interactions with residents demonstrated genuine respect and empathy. Residents told the inspector that they felt they could approach the staff and management in the home if they had any concerns.

There were clear systems in place to safeguard resident's monies. These included invoices for all goods and services and a monthly balance for each resident. The finances of those residents for whom the centre was an agent were managed by a suitably qualified person from outside the centre's staff who informed the inspector that the systems were in line with the best practice guidance from the Department of Social Protection.

Judgment:

Non Compliant - Moderate

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There were policies and procedures in place for risk management and health and safety

within the centre. A comprehensive emergency plan was in place which specified the arrangements for the evacuation of residents and identified an external location for the temporary placement of residents. The centre-specific health and safety statement dated 2016 was seen by the inspector. Staff were observed to demonstrate a good awareness of health and safety policies and procedures in their work practices

The fire safety policy was detailed and centre specific and included a clear evacuation procedure to be followed in the event of a fire. Fire exits were found to be unobstructed. Records showed that fire safety equipment including fire detection equipment, emergency lighting, fire doors and the fire alarm were checked and serviced at regular intervals. Staff had attended fire safety training and fire evacuation drills were carried out at regular intervals. Staff who spoke with the inspectors were clear about the procedure to follow in the event of a fire.

Up to date records were available for the servicing of nursing and moving and handling equipment such as hoists and specialist beds and mattresses. However the inspector found that one bed on the first floor had been omitted from the recent servicing programme that had been carried out in the centre and was overdue a service.

The risk management policy was reviewed and was seen to comply with Regulation 26 (1). The centre's risk register had not been updated to include current clinical risks such as responsive (challenging) behaviours displayed by some residents in the centre.

Clinical risk assessments were undertaken for residents, including falls risk assessment, assessments for skin integrity, resident dependency, continence, moving and handling and responsive behaviours. Clinical risk assessments were recorded in resident's care plans and were reviewed four monthly or more often if a resident's condition changed. Staff who spoke with the inspector were able to articulate the risks relating to individual residents and the management plans that were in place to manage identified risks.

Records for residents who lived at the centre who smoked showed that risk assessments and risk management plans were in place for each resident.

Infection control guidelines were followed. The inspector observed staff washing their hands regularly and staff were seen to wear personal protective clothing such as gloves and aprons. The person in charge informed the inspector that soap and hand sanitizer containers in open areas such as entrance and exit doors were not filled due to risks associated with one resident. The inspector noted that appropriate hand washing facilities were available in other areas of the centre. The centre was clean and the housekeeping team maintained records of cleaning schedules completed on each day.

Judgment:
Substantially Compliant

Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Written operational policies were in place in the centre relating to the ordering, prescribing, storage, and administration of medicines to residents.

Medicines were supplied to the centre by a retail pharmacy business in an individual monitored dosage system. Medicines were stored securely in the centre in medication trolleys or within locked storage cupboards. A secure fridge was available to store all medicines and prescribed nutritional supplements that required refrigeration, and temperatures were checked and recorded on a daily basis. Controlled drugs were stored securely in a locked cabinet within a locked cabinet and balances of all controlled drugs were recorded in the controlled drugs register. Nursing staff checked and documented the balances of all controlled drugs twice daily at the change of shift. Nursing staff were familiar with the procedure for disposing of unused or out of date medicines.

Nursing staff, administering medicines to residents during the afternoon administration round, were observed. The administration practice was in line with current professional guidance.

The inspector noted that prescribed medications that required to be crushed were highlighted by an alert sticker on the resident's medication record but this was not signed by the resident's general practitioner. This is dealt with in the action plan at the end of the report.

Judgment:

Substantially Compliant

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found that a record of incidents occurring in the centre was maintained in the centre's incident book. The document recorded the date, time and nature of the incident and the persons involved. Records showed actions related to each incident including any medical or hospital treatments. Staff reported that following a significant incident staff meetings were held in the centre to review the incident and any related

learning outcomes.

In most cases notifications were sent to the Authority within the required timescales however one notification, relating to a recent incident, had not been submitted to the Authority within the required timescales.

A quarterly report was provided to the authority four times per year

Judgment:

Non Compliant - Moderate

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspector found that most residents had an assessment of their needs, care plans that described how their needs were to be met and that their needs had been reviewed on a regular basis. However the inspector found that three residents did not have care plans in place for an identified need/risk and one resident did not have a record of multidisciplinary review even though their physical and psychosocial needs had significantly changed. This is discussed in the action plan at the end of the report.

The inspector reviewed a selection of resident's records and spoke with staff who developed and used them. Prior to admission an assessment was carried out to ensure that the resident's needs could be met in the centre. When residents were admitted a more detailed assessment was completed by nursing staff and a care plan was developed. Risk assessments were completed in key areas such as falls risk, nutritional risks, pressure sore risk, responsive behaviours and moving and handling risks. Clear risk management plans were in place which supported resident autonomy and promoted self care abilities and independence. Care plans and risk assessments were agreed with the resident and their family. In most cases care plans were seen to provide clear information to staff providing care and support to residents.

Medical and care records showed that residents had good access to relevant medical and allied health and social care professionals. General Practitioners (GP) visited the centre regularly and residents could keep their own GP if they wished to do so. Out of hours GP services were available for residents. A range of allied health care services

attended the centre when required. These included; physiotherapy, dietician, speech and language therapy, consultant psychiatrist and community mental health services and specialist nursing services such as palliative care and tissue viability. The inspector saw examples where recommendations had been implemented for example with seating arrangements, special diets and mobility aids.

The inspector found that for most residents there were clear records of staff reviewing and updating resident's records as their needs changed. This was done at least four monthly or more frequently if a resident's condition changed. Residents and their families were involved in the reviews if they chose to attend. However three residents had gaps in their care planning and care review documentation as described above.

There were clear records of residents being supported to attend relevant medical and other health care appointments. Arrangements were made with families or staff in the centre to ensure that residents were able to attend appointments.

The inspector found that where residents were temporarily absent from the centre relevant information was sent with them in relation to their medication and assessments of their needs. On the residents return to the centre from hospital there was a clear summary of their needs and any changes to medication.

Judgment:

Substantially Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The layout and design of the centre did not meet the needs of all of the residents who lived at the centre. A number of actions from the previous inspection were not resolved. These related to one twin bedroom not affording resident's privacy and dignity, accessibility to parts of the premises and toilet and bathroom facilities not situated close to residents' bedrooms.

The centre was a two story house which has been extended and adapted to provide accommodation for 26 residents. There were five single bedrooms, four double

bedrooms and four multi-occupancy rooms with three or four residents. All bedrooms had hand wash basins. The bedrooms did not have en-suite facilities. Following the previous inspection the provider had submitted planning permission to extend and refurbish the building to meet the requirements of the action plan. However suitable planning permission had been declined and the provider had carried out an extensive internal refurbishment within the existing building which was completed in December 2016.

The refurbishment made a number of improvements to the layout of the centre including the creation of a spacious well lit communal lounge at the rear of the building, the provision of privacy screening in the multi-occupancy rooms and improvements to the size and layout of the wheelchair accessible facilities on the ground floor. The provider had also made improvements to access on the first floor by raising the level of the first floor landing and reducing the height differential between the levels so that only one step is now required at the top of the stairs.

During the inspection the inspector found that bedrooms and bathrooms on the first floor were not wheelchair accessible and were not suitable for residents with mobility needs. However the inspector noted that all residents occupying the bedrooms on the first floor were mobile and residents told the inspector that they were satisfied with their bedroom and bathroom facilities. Residents were observed using the toilet facilities independently.

The centre did not have a lift between floors. A stair lift was provided for residents. The inspector observed that the residents who occupied the first floor were able to use the stairs and/or stair lift independently or with the supervision of one member of staff.

On the ground floor the inspector found that three twin bedrooms and four single rooms were of a suitable size and layout to meet the residents needs. However one twin bedroom was not of a suitable size and layout to meet the needs of the two residents who occupied the room. This was an outstanding action from the previous inspection and is discussed in the action plan at the end of the report. There was one toilet on the ground floor which was not wheelchair accessible. Two wheelchair accessible toilet/shower rooms were available on the ground floor however one of these was situated off the communal lounge at the rear of the building and was not close to the residents' bedrooms. The accessibility and distance of toilet and bathroom facilities are outstanding actions from the previous inspection.

All bedrooms all had accessible call bell systems for each bed. Residents had their own wardrobe and chest of drawers or shelving. Several bedrooms had been personalized with photographs and personal items. Some residents took pride in their bedrooms and were keen to show the inspectors around their rooms. One single room on the ground floor had access directly onto a pleasant courtyard area leading to the main garden.

The communal areas were light and spacious and were well used by the residents during the inspection which gave the centre a real sense of community. There was a pleasant dining room to the side of the building with patio doors which looked out onto the courtyard area and provided access to the garden. In addition to the newly developed communal lounge there was a smaller quiet lounge area next to the nurse's

station which provided quiet comfortable seating for those residents who preferred a calm space and who needed a higher level of nursing supervision. Residents in this area told the inspectors that they enjoyed chatting amongst themselves and playing card games or listening to music.

Visitors were made welcome in the communal areas except at meal times.

The courtyard garden encircled the building and provided several small outside seating areas for residents. The area was nicely laid out with raised beds and flower pots, garden chairs and tables and seating benches and provided access to the main garden. Residents were using the garden and courtyard areas throughout the inspection for socializing, relaxing and gentle exercise activities.

There was a small area in the courtyard designated as a smoking area which was available for residents who wished to smoke under the supervision of care staff.

There was a range of assistive equipment available for residents in the centre including; wheelchairs, specialist mattresses and hoists. The inspectors reviewed the service records for the equipment and found that they had been serviced within the last year, apart from one bed on the first floor which had been missed off the servicing list. Management were reviewing the equipment storage facilities available in the centre to ensure that these were adequate to meet the ongoing needs of residents.

Judgment:

Non Compliant - Major

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspector found that there was a person centred approach to the residents in the centre that respected their privacy and dignity. However the inspector observed that the configuration of one of the bedrooms on the ground floor did not ensure that the privacy and dignity of the two residents who occupied the room could be maintained at all times. The inspector also noted that one resident spent long periods of the day in their room which although was their choice they had limited access to meaningful

activities or social interaction. These issues are dealt with in the action plan at the end of the report.

There was a range of activities and support in the centre that provided the opportunity for residents to be involved in activities and occupations that were of interest to them. The centre had two members of activities staff who managed the programme. Staff offered support and gentle encouragement to residents throughout the activity sessions. Residents were encouraged to meet in the communal areas for most activities but residents were offered 1:1 activities in their rooms if they preferred or if their dependency meant that they were not able to join in the group activity on offer.

The activities taking place during the inspection included, music sessions, board and card games, relaxation sessions, craft activities and a daily exercise session including walks in the garden. There were also groups of residents choosing to spend time together and chatting and socialising.

Throughout the inspection residents were seen to be making choices about how and where to spend their day. For example when to get up, what to eat and drink at meal times and whether to take part in the activities on offer. There were several visitors in the centre during the inspection and residents could meet with their visitors in private in their rooms or in the communal areas.

There were televisions and newspapers available for residents. There was a telephone that residents could use in private. Residents had access to wifi and one resident used this to keep in touch with family who lived at a distance.

Where residents had communication needs these were identified during their assessment and were documented in the care plans. Staff knew the residents and were aware of individual resident's communication needs and what support was needed to engage with them effectively.

There were three monthly residents meetings and meeting records showed that topics such as food, the laundry service and activities were discussed regularly. Where issues were raised the centre provided feedback on what had been done to resolve issues.

Residents had access to advocacy within the centre and details were provided in the resident's guide and on the notices around the centre.

Residents were supported to vote in elections if they chose to do so.

Judgment:

Non Compliant - Moderate

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an

appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector reviewed the staffing levels at the centre and found that there was sufficient staff with the required skills to meet the needs of the residents in the centre.

The senior management team continued to review staffing levels on an ongoing basis and as resident's needs and dependencies changed. There was a deputy director of nursing who worked opposite the person in charge. The deputy director of nursing provided supervision of care and services that were provided on each shift and support to staff and residents as required.

The inspector spoke to nursing and care staff and found them to be committed to providing person-centred care and support for residents. Staff stressed the importance of getting to know individual residents and of supporting residents to maintain their independence and self-care abilities. Staff knew the residents and their families and were able to tell the inspector about individual resident's needs and preferences for care. The inspector found that this information was reflected in the residents' care plans.

The inspector found that that there was sufficient housekeeping and catering staff available in the centre to ensure that the needs of residents were being met.

The inspector observed good communications and team work and staff demonstrated respect and cooperation in their dealings with each other and with residents and their families.

The centre had a system in place for monitoring that staff training was in date. Training records for fire safety, moving and handling and recognizing elder abuse were available for staff and records showed that all staff working in the centre had received up to date training or were listed to attend update training in the near future. There were other training opportunities available for staff for example in relation to responsive behaviours and understanding dementia. The centre used a variety of training methods including in-house training following incidents, resident profiling, E-learning, specialist practitioners such as mental health professionals and outside trainers.

There were effective recruitment procedures in place in the centre. A total of four randomly selected staff files were reviewed and all contained the required document as per Schedule 2 of the regulations. The provider informed the inspector that all staff

received Garda vetting before starting employment at the centre. All nurses in the centre were registered with the Nursing and Midwifery Board of Ireland.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Ann Wallace
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Donore Nursing Home
Centre ID:	OSV-0000032
Date of inspection:	24/05/2017
Date of response:	05/10/2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 03: Information for residents

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

resident's contracts did not state the cost of taxis and staff escort services.

1. Action Required:

Under Regulation 24(2)(b) you are required to: Ensure the agreement referred to in regulation 24 (1) relates to the care and welfare of the resident in the designated centre and includes details of the fees, if any, to be charged for such services.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Please state the actions you have taken or are planning to take:
All costs are now documented in the Residents' Contract of Care.

Proposed Timescale: 20/07/2017

Outcome 07: Safeguarding and Safety

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

One resident in a double occupancy room was unable to personalize her space due to the responsive behaviours of another resident.

2. Action Required:

Under Regulation 07(2) you are required to: Manage and respond to behaviour that is challenging or poses a risk to the resident concerned or to other persons, in so far as possible, in a manner that is not restrictive.

Please state the actions you have taken or are planning to take:

Double room will be converted to a single room.

Proposed Timescale: 23/08/2017

Outcome 08: Health and Safety and Risk Management

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The centre's risk register was not up to date and complete.

3. Action Required:

Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

Please state the actions you have taken or are planning to take:

The Risk Register is now up to date and complete.

Proposed Timescale: 05/10/2017

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

One of the specialist beds on the first floor had not been included in the recent servicing programme and was overdue for servicing.

4. Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:

This bed was serviced one week after the inspection.

Proposed Timescale: 20/07/2017

Outcome 09: Medication Management

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Medications that required to be crushed were not prescribed as such by the resident's general practitioner.

5. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

Please state the actions you have taken or are planning to take:

The Doctor has now signed off on all medications to be crushed.

Proposed Timescale: 06/06/2017

Outcome 10: Notification of Incidents

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The centre had not sent in the required notification for a recent incident within the required timescales.

6. Action Required:

Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

Please state the actions you have taken or are planning to take:

All nursing staff have been instructed by the Person in Charge in co ordination with the deputy PIC on how to submit notifications to HIQA and other Governing Bodies as required. The Person in Charge and deputy PIC will ensure and check that all notifications are submitted in a timely manner. We will identify and comply with all regulations and standards relevant to our service, including those for reporting. All staff have been made aware that by regulation, certain adverse incidents and other events must be reported on time.

Proposed Timescale: 26/05/2017

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

One resident did not have a falls care plan although risks had been identified.
One resident did not have a care plan communications care plan although communication needs had been identified. There was no evidence of a multidisciplinary review even though the resident's physical and psychosocial needs had significantly changed.
Diabetic resident did not have access to HSE chiropody.

7. Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

Please state the actions you have taken or are planning to take:

1. Falls Care Plan for Resident 128 is now in place.
2. Care Plan Communication for Resident 101 is now complete.
3. We will do a full review of the meaning full activities that suits her and we will set up the meeting with the MDT relevant to her, with the family& GP
4. Diabetic Resident 104 has access to HSE Chiropody.

Proposed Timescale: 1,2& 4 Completed/ 3 in a Month time

Proposed Timescale: 05/11/2017

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

One double bedroom on the ground floor was not of a suitable size and layout to meet the needs of the resident who were accommodated in the room.

One single room on the ground floor had a strong smell of urine.

The main shower room with disabled access available to residents on the ground floor was situated at a distance from the residents' bedrooms.

The bedrooms and bathing and toilet facilities on the first floor were not wheelchair accessible and were not suitable for residents with restricted mobility.

8. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:

The one double bedroom on the ground floor will be made converted into a single room.

The Resident in the room in question has a urinary infection and we now have instructed the cleaning staff to give room additional time on a daily basis.

The main shower room with disabled access on the ground floor is being used during the day for toileting Residents and showering as required.

Only mobile Residents are accommodated at the first floor.

Proposed Timescale: 24/06/2017

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The size and layout of one of the bedrooms on the ground floor does not ensure that the privacy of the two residents who occupy the room can be assured at all times.

9. Action Required:

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

Please state the actions you have taken or are planning to take:

One bed is to be removed in the double room so as to convert to a single room.

Proposed Timescale: 24/08/2017

Theme:

Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

One resident spends long periods alone in their room with limited opportunities provided for social interaction and meaningful activity to occupy their time.

10. Action Required:

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

Please state the actions you have taken or are planning to take:

Meeting with G.P was on 27/08/2017. Care plan has been revised in conjunction with resident's family. Care plan for resident 115 has been modified on July10 2017. Activities will be provided to avoid this resident spending long periods alone in her room. We will assess the resident's overall ability; this assessment will include an assessment of their general health, lifestyle and leisure preferences, their needs, strengths, weaknesses, ability to perform a range of tasks and their ability to interact positively with others. No need for psychiatric opinion at this point.

Proposed Timescale: 05/10/2017