## Centre name: Darraglynn Nursing Home

### Centre ID: OSV-0000220

### Centre address: Carrigaline Road, Douglas, Cork.

### Telephone number: 021 436 4722

### Email address: darraglynn1@eircom.net

### Type of centre: A Nursing Home as per Health (Nursing Homes) Act 1990

### Registered provider: Darraglynn Nursing Home Limited

### Lead inspector: Mary O'Mahony

### Support inspector(s): None

### Type of inspection: Unannounced Dementia Care Thematic Inspections

### Number of residents on the date of inspection: 25

### Number of vacancies on the date of inspection: 0
About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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).
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

**From:** 03 March 2020 09:15  
**To:** 03 March 2020 17:45  
**From:** 04 March 2020 09:15  
**To:** 04 March 2020 14:30

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

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<th>Our Judgment</th>
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<td>Non Compliant - Moderate</td>
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Summary of findings from this inspection

This inspection of Darraglynn Nursing Home by an inspector of social services was unannounced and took place over two days. This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care. As part of the thematic inspection process, providers were invited to attend information seminars organised by the office of the Chief Inspector. In addition, providers were issued with guidance on dementia care and the inspection process. The person in charge had forwarded the self-assessment tool on dementia care to the Chief Inspector prior to the inspection. There were 25 residents in the centre at the time of inspection. The inspector followed the experience of a number of residents with dementia within the service.

The person in charge said she aimed to provide the best quality care for those residents with dementia who lived in the centre. She reviewed work practices through audit and observation to ensure that it was relevant and enhanced their
Residents confirmed that they enjoyed living in the centre. They said that they felt safe and they were happy with staff, the social care and their accommodation.

The inspector met with residents, visitors, the person in charge, the registered provider representative and a number of staff from all roles within the centre. The inspector observed practices using an evidence-based observation tool and reviewed documentation such as care plans, training records, allied health care records and policies. A sample of staff files and residents' files were checked for regulatory documentation.

The inspector found the premises and the fittings were of a very high standard. The centre was seen to be newly painted in a modern style, bright and well maintained. All rooms were designed to afford residents maximum privacy. All bedrooms, except for two double rooms, were single occupancy en-suite bedrooms. Some rooms had views of the external or internal gardens. The secure garden patio area was furnished with colourful outdoor seating and suitable planting.

The national standards which are set out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the judgment framework for dementia thematic inspections formed the basis for the findings made by the inspector.

The inspector found that while the centre was generally compliant with the regulations some actions were necessary to ensure full compliance. These actions were detailed in the action plan at the end of this report.
Outcome 01: Health and Social Care Needs

Theme:
Safe care and support

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

Findings:
A sample of care plans of residents who had been diagnosed with dementia were reviewed by the inspector. These were personalised and were seen to be implemented in practice. Specialist services and allied health care services such as physiotherapy, dental, optician, occupational therapy (OT), speech and language (SALT) and dietitian services were seen to be availed of. The chiropodist attended residents on a monthly basis and documentation confirming the aforementioned referrals was reviewed by the inspector. Residents with dementia were facilitated to attend psychologists or psychiatrists where indicated.

PRN (when necessary) medications were reviewed and the use of psychotropic drugs was audited by the nursing staff and pharmacist. The pharmacist assisted staff in good medication practice and documentation. Residents with behaviour issues, as a result of the behaviour and psychological symptoms of dementia (BPSD), were assessed by staff who were trained in the management of this behaviour using non-pharmaceutical methods where possible. A number of care plans had been developed which outlined the protocol to follow for residents who communicated their needs through behaviour. Staff had been made aware of all such care plans.

Clinical assessments such as, skin integrity, behaviour, falls, nutrition, cognition and pain were undertaken for each resident with dementia. Residents’ right to refuse treatment was documented and brought to the attention of the GP where necessary. There was continuous communication between the dietitian and the kitchen staff. Food choices were impressive, modified diets were well presented and residents had a menu at each meal. Fresh, home-baking was available daily.

An electronic documentation system was used in conjunction with paper-based records to document care changes and medical care received by residents. Consultant, public health nurse and GP pre-admission information was available on file. Comprehensive pre-admission assessments were carried out by a senior member of the management team to ensure that the needs of potential residents could be met. Relatives spoke with the inspector about how staff and management helped residents to settle in to life in the nursing home and they described how the extended family were supported also.
Nevertheless, the inspector found that a number of care plans for those with dementia lacked detail particularly in relation to details entered in the four monthly reviews. This meant that not all relevant new information was being captured to inform staff of how to support the resident and enhance well-being. For example, staff had entered "no change" on a number of these reviews. For a person, with challenges related to dementia, an up-to-date care plan was required to enhance the residents' well-being by outlining any new strategies to alleviate distress. In addition, the medical visit for a resident who had developed a recent illness had not been documented and there was insufficient information available in the care plan in relation to that resident's nutritional intake. In relation to the maintenance of records on the electronic system the inspector found that there were a number of discrepancies noted in the dates on certain records, For example, the admission date for one resident was recorded on the system as 2020 when that resident had been in the centre for a number of years. This was significant in relation to the maintenance of correct and accurate information for legal and professional purposes. These issues were addressed during the inspection.

Staff, with whom the inspector spoke, stated that handover reports during the day provided them with information on residents' changing needs. Staff were found to be knowledgeable of the holistic needs of residents. They stated that the low turnover of staff supported residents with dementia as they responds well to security and familiarity. There were opportunities for residents to participate in a number of meaningful and varied activities the cost of which was detailed in the contract of care. These activities were outlined and discussed under Outcome 3: Residents' rights, dignity and consultation.

End-of-life care plans were in place in the sample of residents' files reviewed. These were seen to be comprehensive, easily accessible to staff and were updated as required. There was a relatives' room available. Palliative services were available for symptom control if required. Mass was said, communion was available weekly and other religions were accommodated with access to their church personnel.

Judgment:
Non Compliant - Moderate

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

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

Findings:
The policy on the prevention of elder abuse was seen to reference the most recent evidence-based practice. The inspector found that a number of measures were in place
to protect and safeguard residents. Staff spoken with by the inspector were aware of the procedure to follow if they witnessed, suspected or received an allegation of abuse. Training records confirmed that a number of staff had received training on recognising and responding to elder abuse. Residents spoken with said they felt safe in the centre and that staff were supportive and helpful.

There was an up-to-date policy in the centre to support staff in interventions for residents who exhibited behaviours which were related to the behavioural and psychological symptoms of dementia (BPSD). A number of staff members spoken with confirmed that training had been provided to them in how to support residents with dementia. The inspector observed staff interacting with residents and intervening appropriately when any resident began to communicate restlessness or anxiety.

Residents with dementia who required bedrails were checked regularly when these were in use. There was evidence that consent of the resident or a representative had been sought for bedrail use and there was multidisciplinary involvement in decision making. The inspector observed that a number of residents had the use of low-low beds. In addition, sensor alarm mats were placed on beds to alert staff should a resident at risk of falls require support, when getting out of bed.

The inspector found that residents' finances were managed carefully in the centre. Two staff members signed for financial transactions. Receipts were given to residents for payments, hairdressing, pharmacy, chiropody and physiotherapy fees, where relevant.

Nevertheless, a number of students on an education programme from abroad did not have the required Garda vetting clearance in place, prior to commencing their training work in the caring field. This was required under the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. In addition, a ‘train the trainer’ course on the prevention of elder abuse had yet to be made available to the in-house trainer who continued to seek a place on this specific training course.

Judgment:
Non Compliant - Moderate

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

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

Findings:
Activities included music, art, chair-based exercises, card games, dancing and personalised activities such as hand massage were available. The person in charge explained how activities were designed according to the assessed needs and preferences.
of residents. She stated that life story information was used to ascertain residents’ preferred activity. The activity staff member spent individual time with residents with a cognitive impairment facilitating for example, conversation, music sessions, religious service on TV, rosary and hand massage. Documentation to this effect was seen in residents’ files.

Residents who liked current affairs were seen to read the daily newspapers and had access to radio and television. Individualised activities were available for residents who did not wish to participate in the group sessions. The inspector saw residents including those with dementia participating in and enjoying the activities, such as music, singing, chair-based exercises and newspaper readings during the two days of inspection. Residents spoke with the inspector about which activities they enjoyed.

The inspector met with a number of relatives. They praised the staff, the managers and the care. They stated that they could bring concerns to the management staff and they expressed confidence that any concerns would be addressed. Photographs were on display which had been taken at a number of celebratory events. Relatives were aware that they could use the quiet room for private visits. This was found to be suitable for some residents with dementia who preferred a relaxed environment.

The person in charge informed the inspector that residents with dementia were consulted with and participated in the organisation of the centre by attending resident meetings. An external advocacy service had been availed of. Residents with dementia were enabled to make choices with support from their personal representatives and staff. The inspector reviewed the minutes of residents' meetings and found that a wide range of topics were discussed. Issues were addressed and there was evidence that resident surveys were carried out. Residents were facilitated to exercise their civil, political and religious rights. Residents confirmed this with the inspector and stated that they were satisfied with the sense of freedom they experienced to walk around the centre. A number of residents were seen to walk around independently even though they were noted to walk slowly and sometimes had to use the hand rail supports to steady themselves.

Positive interactions between staff and residents were observed during the inspection and staff availed of opportunities to socially engage with residents. At intervals during the inspection the inspector used a validated observational tool to rate and record at five minute intervals the quality of interactions between staff and residents in the centre. The observation tool used was the Quality of interaction Schedule or QUIS (Dean et al 1993). These observations took place in the sitting room areas and in the dining room in the centre. Each observation lasted a period of 30 minutes. The inspector evaluated the quality of interactions between carers and residents with dementia. In the sitting room interactions were positive and meaningful. Staff and activity personnel were seen relating to residents in a calm manner. Residents were referred to by name and communication was encouraged with other residents in the group. Residents with dementia were included in all the group events at that time. Activity staff circulated around the group speaking with individuals and supporting those who wished to get up and walk out. Residents were offered their choice of music or dancing and some were seen to sing along with familiar tunes. Staff engaged in social conversation and spent time with individual residents.
Tea, drinks and snacks were offered by staff in the afternoons. Visitors were present with residents and their presence added to the wellbeing of residents who invariably went walking or conversed with visitors. Staff in the dining room were seen to engage attentively with those who required help with meals. Choice was offered and there was an unhurried approach with staff sitting at eye level with residents. The overall evaluation of the quality of interactions during the observation periods was one of positive, connective care.

Activity personnel supervised residents in the sitting room in the evenings depending on the needs of residents. Activity staff ensured that there were interesting events happening at the weekends also.

**Judgment:**
Compliant

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**Outcome 04: Complaints procedures**

**Theme:**
Person-centred care and support

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

**Findings:**
The complaints process was displayed at the entrance to the centre and systems were in place for addressing and learning from complaints. The person in charge, who was the complaints officer, maintained the complaints log and showed the inspector the records associated with resolving any complaints or concerns received.

Access to an appeals process was highlighted and independent advocacy access was promoted.

Residents and relatives of people with dementia who spoke with the inspector were aware of the complaints process. They identified the person with whom they would communicate their concern or complaint.

**Judgment:**
Compliant

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**Outcome 05: Suitable Staffing**

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

**Findings:**
The person in charge spoke with the inspector about the number of staff on duty during the day and night shifts, including their role and responsibilities. The staff rota on the day of inspection confirmed these arrangements. Staff said that they felt that there were adequate numbers of staff available to meet the health and social care needs of residents. Staff supervision was in place and the person in charge arranged staff meetings and appraisals to ensure that the training and development needs were met. Documentation was seen in staff files which confirmed this.

A number of staff had received mandatory training as required by the regulations. Appropriate training such as end of life care, manual handling, infection control and medicine management training was also provided.

The inspector reviewed a sample of staff files and found that records were generally well maintained. Files were found to have the required information including up-to-date professional registration where applicable.

**Judgment:**
Compliant

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**Outcome 06: Safe and Suitable Premises**

**Theme:**
Effective care and support

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

**Findings:**
The centre was a large single-storey building located in a scenic rural setting. The design of the building positively supported dementia care as there were adequate places to walk around unimpeded. The premises was freshly decorated and was bright, clean, well maintained and safe. A programme of painting and decorating was carried out on a regular basis.

The centre was located on large well-maintained grounds. A secure garden area had been created for residents. This was easily accessible.

There were 21 single bedrooms and two twin bedrooms in the centre. All of the single rooms had full en-suite facilities. Additional accommodation included a dining room, two sitting rooms, a visitors’ room and one meeting room. Residents also had use of an
additional assisted shower rooms and bath. The sitting areas and dining room were seen to be used by a large number of residents during the inspection. These rooms were furnished with radios, televisions, lamps, reading and activity material. This added to the home-like, relaxing and comfortable environment. There was a variety of seating available that reflected residents’ needs including comfortable seating in the entrance foyer. Residents told inspectors that they liked to chat together and to watch the general activity as this was the main access point for visitors coming in to the centre. The dining room and sitting areas had good lighting and provided pleasant views of the surrounding countryside. Residents with dementia were fully integrated into all aspects of the daily activity in these rooms. This supported their optimal care and the maintenance of their well-being and social inclusion.

The inspector observed that a number of residents had personal items such as photographs, furniture and books in their rooms. Staff said that they encouraged residents and relatives to bring in personal items to remind residents of home, of family members and of significant events. Signage to guide residents was appropriately positioned, very clear and easy to interpret.

Access to areas such as the sluice room and laundry area was restricted for health and safety reasons. There was a call bell system in place so that residents could request assistance when in their bedrooms or in the communal areas. Adequate movement hoists, pressure relieving mattresses, fire safety equipment and other assistive equipment were available. Records reviewed by the inspector indicated that this equipment was regularly serviced. This attention to servicing the equipment meant that any health and safety risks to residents’ and staff were minimised.

**Judgment:**
Compliant

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**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:**

Mary O'Mahony
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

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<th>Centre name:</th>
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<tr>
<td>Centre ID:</td>
<td>OSV-0000220</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>03/03/2020</td>
</tr>
<tr>
<td>Date of response:</td>
<td>29/04/2020</td>
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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 01: Health and Social Care Needs

Theme: Safe care and support

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

The reviews of significant care plans were not informative.

Dates on care plan documentation on the electronic system were incorrect.

1. 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:**
We have arranged new training on care planning with our nurses.

The discrepancies on e-Nursing programme was rectified on the day of inspection. We will continue to audit and work with the IT personal to prevent such an incident happening in the future.

**Proposed Timescale:** 29/04/2020

**Theme:**
Safe care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Arrange to have a nutritional care plan and records of nutritional intake of a compromised resident available for review.

2. **Action Required:**
Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident’s admission to the designated centre.

**Please state the actions you have taken or are planning to take:**
A meeting was held with health care staff informing all staff of the necessity of written nutritional intake charts and Nutritional care plans in residents whose nutritional status is compromised.

**Proposed Timescale:** 29/04/2020

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
A medical visit and recommended treatment had not been recorded by the medical team.

3. **Action Required:**
Under Regulation 06(2)(b) you are required to: Make available to a resident medical treatment recommended by a medical practitioner, where the resident agrees to the recommended treatment.

**Please state the actions you have taken or are planning to take:**
All nursing staff have been informed of the importance of the GP/ Medical Team...
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<tr>
<th>Outcome 02: Safeguarding and Safety</th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Safe care and support</td>
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<tr>
<td><strong>The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:</strong></td>
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<tr>
<td>Garda vetting as required under the legislation, was not available for health care students from abroad.</td>
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<tr>
<td>Specific requirements for training provision in the prevention of elder abuse had not been accessible.</td>
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<tr>
<td><strong>4. Action Required:</strong></td>
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<tr>
<td>Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.</td>
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<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>All Health care Students from The EU will have Garda Vetting in the future ( in addition to police Vetting)</td>
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<tr>
<td>The trainer will attend Specific courses on prevention of elder abuse when the appropriate course is available</td>
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**Proposed Timescale: 29/04/2020**