

**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:	ORG-0000032
Centre address:	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
Person in charge:	Maria Balanquit
Lead inspector:	Gary Kiernan
Support inspector(s):	Sheila Doyle
Type of inspection	Unannounced
Number of residents on the date of inspection:	22
Number of vacancies on the date of inspection:	4

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 judgements 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.

Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality 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 to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 12 March 2014 10:00 To: 12 March 2014 17:30

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

Outcome 01: Statement of Purpose
Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 10: Reviewing and improving the quality and safety of care
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 16: Residents Rights, Dignity and Consultation
Outcome 18: Suitable Staffing

Summary of findings from this inspection

As part of the monitoring inspection, inspectors met with residents, relatives and staff members and an interview was held with the person in charge and the provider. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

Inspectors were concerned that improvements were required in a number of areas in order to bring about substantial compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. The person in charge did not provide sufficient clinical leadership in response to a number of areas which required her input.

The provider had failed to address a number of actions from the previous inspection report. These actions remained outstanding, despite the assurances, given by the provider, when he attended a meeting in the Authority's offices in November 2013.

Significant improvements were required in the area of risk management which related to infection control, risk assessment and the safety of residents who smoke. The management of resident's personal finances had not been addressed since the previous inspection and remained unsatisfactory. A number of improvements were required with regard to the physical environment.

The arrangements for meeting the privacy and dignity needs of residents were not satisfactory. Residents were not sufficiently consulted with regard to their preferences and they were not supported to lead independent lives in all cases where appropriate.

Residents health care needs were met with regard to a number of areas, however, a number of improvements were required with regard to the management of behaviours that challenge.

Satisfactory medication management procedures were in place. The levels of staffing were found to be sufficient to meet the needs of the residents.

Prior to this inspection the Authority received two separate pieces of information of concern. The information provided related to the care and welfare of residents, the management of behaviours that challenge and the meeting of resident's hygiene needs. These matters were investigated during the course of this inspection. The inspection findings are discussed further in the body of the report and in the Action Plan at the end of the report.

Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality 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:

Leadership, Governance and Management

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

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

Findings:

The statement of purpose required review in order to fully meet the requirements of the Regulations.

Inspectors read the statement of purpose and found that it described the aims and objectives of the service and described the premises satisfactorily. However, the criteria used in assessing the suitability for admission to the centre were not adequately described. The statement of purpose also required improvement with regard to the description of the therapeutic techniques used in the designated centre and the arrangements made for their supervision.

Outcome 03: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

While the requirements for the role of person in charge were met, with regard to qualifications and experience, inspectors had a number of concerns regarding this outcome.

The person in charge was a registered general nurse. She worked full-time at the centre since 2003. She had the relevant length of experience required by the Regulations. She participated in ongoing professional development by attending study days covering topics such as behaviour that is challenging. She previously completed a Further Education and Training Awards Council (FETAC) Level 6 course in leadership and management and also completed a FETAC Level 5 course in human resources.

While, the person in charge demonstrated a commitment to meeting the requirements of the Regulations and the Authority's Standards, this was not evident in practice. For example, inspectors were concerned that the management arrangements were insufficient to ensure that the assessed needs of residents were consistently met. There were weaknesses in her knowledge of a number of clinical areas, for example with regard to the management of behaviours that challenge as described under Outcome 11. Inspectors were also concerned regarding non compliance as discussed under Outcome 6 Safeguarding and Safety. Inspectors were also concerned that the person in charge did not demonstrate a full understanding of her responsibilities to promote the autonomy, independence and privacy and dignity of the residents in her care as described under Outcome 16, Residents Rights, Dignity and Consultation. Inspectors also identified deficits in her knowledge of risk management with regard to meeting the needs of residents who smoke as described under outcome seven. Non compliances were also found under Outcome 18 Suitable Staffing.

She was present in the centre six days per week and was fully engaged in the management of the service. Satisfactory deputising arrangements were in place. The person in charge was supported in her role by one of the senior nurses who deputised in the absence of the person in charge. The senior nurse participated fully in the inspection process and demonstrated strong clinical knowledge. The senior nurse knew the residents very well and demonstrated a good understanding of her roles and responsibilities under the Regulations.

Outcome 04: Records and documentation to be kept at a designated centre

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

Inspectors found that there were systems in place to maintain complete records and the required policies were in place.

The actions from the previous inspection which related to development of written operational policies was addressed. Inspectors found that policies were centre specific and provided sufficient detail to guide staff. Staff members were sufficiently knowledgeable regarding these operational policies. Inspectors found that medical records and other records, relating to residents and staff, were maintained in a secure manner.

Inspectors also reviewed the directory of residents and found that it had been revised and updated in response to the previous inspection. It now contained all the required documentation.

Outcome 06: 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.

Theme:

Safe Care and Support

Judgement:

Non Compliant - Major

Outstanding requirement(s) from previous inspection:

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

Findings:

Inspectors found that while a number of systems were in place to protect residents from abuse, the arrangements for managing residents' finances continued to be unsatisfactory.

Inspectors found that residents' finances continued to be managed as a collective account by the provider. This system was institutional in nature and did not provide for the maintenance of individual accounts and records for the residents. Monetary transactions were not accompanied by receipts in all cases and there was no system in place for staff or residents to countersign transactions in order to verify amounts charged to residents. Inspectors were concerned that the provider had not acted to

address this matter in accordance with commitments which he had given in response to the previous report. The provider had also given a commitment to address this matter at a meeting in the Authority's offices, however, the matter remained unaddressed.

There was a policy in place to guide the protection of vulnerable adults. Inspectors read this policy and found that while it provided a lot of useful information it did not guide staff with regard to the steps to be taken in the event that an allegation of abuse was made. Inspectors found that staff were knowledgeable with regard to their responsibilities in this area. The training records showed that staff had received training in this area. Residents spoken to said that they felt safe in the centre.

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe Care and Support

Judgement:

Non Compliant - Major

Outstanding requirement(s) from previous inspection:

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

Findings:

While some systems were in place to promote the health and safety of residents, staff and visitors a number of significant improvements were required.

Adequate infection control procedures were not in place. Inspectors were concerned that staff and residents were not facilitated to carry out safe hand hygiene practices. There was no soap or hand drying facilities at a large number of the wash hand basins. For example, these facilities were not provided in any of the first floor toilets or bedrooms. Similarly hand sanitising gel was not provided in this area. The provider and person in charge stated that these facilities had been removed in response to behaviour that challenges. However, alternatives had not been examined or provided and there was no evidence that this intervention had been risk assessed or kept under review. Inspectors were also concerned that no wash hand basin, soap or towel was available in the sluice room.

The previous inspection found that mechanical sluicing facilities had not been provided. In response the provider had installed these facilities. However, inspectors were informed by the person in charge that the sluice machine was broken on the day of inspection. Inspectors visited this room and observed the sluice machine to be leaking onto the floor. Cleaning equipment, including mops and mop buckets were also stored in this area. Inspectors were concerned that this storage practice could pose a high risk of cross contamination.

Some areas of the premises were not maintained in a clean condition on the day of inspection. The person in charge informed inspectors that the staff member responsible for cleaning had called in sick on the morning of inspection. She stated that she had not been able to source a relief staff member to cover the shift. Inspectors found that there was no clear and effective plan in place to cover such absences. As a result inspectors observed that the person in charge was undertaking some cleaning duties on the day of inspection. Inspectors noted that some areas of flooring and some toilet facilities were dirty and this could pose an increased risk of infection.

Inspectors had other concerns regarding the management of infection control. There was a system in place to label and store the electric shavers of the male residents. However, inspectors identified four electric razors which were unlabelled and which staff said they used if the resident's own razor was broken. There was no system in place to label these razors or manage the associated infection control risk.

There was a risk management policy in place to guide practice. A series of in-house health and safety checks were carried out and inspectors were shown a health and safety audit for January 2014 which covered areas such as falls, fire safety, first aid and electrical safety. Inspectors were shown a resident safety record which was completed at hourly intervals to monitor the safety of each resident.

There was a safety statement in place which was dated 2012. Inspectors saw that staff were involved in carrying out risk assessments on an on-going basis. For example a recent risk assessment had been carried out by the senior nurse with regard to slips, trips and falls in the centre. However, staff had not been provided with training in risk assessment and some of the risk assessments, which had been carried out, did not clearly identify the interventions which were necessary to manage identified risks. The previous inspection found that a number of risks associated with the service had not been risk assessed. These included the supervision of dispersed bedrooms, the use of bathrooms/wet rooms with sloping floors and the disabled access and egress routes to and from the centre. The provider had failed to risk assess these matters in accordance with the centre's risk management policy.

The safety of residents who smoke was not sufficiently promoted. A general risk assessment for all residents who smoke had been carried out. However, it was not sufficiently detailed to guide the care of individual residents and did not assess the level of assistance or supervision which individual residents required when smoking. When speaking to the person in charge regarding the condition of residents' clothing she reported that a number of residents who smoke frequently experienced burn marks to their clothes from cigarette butts. However, the person in charge did not demonstrate an understanding of the significance of this and had not introduced additional safety interventions or supervision for these residents. For example, the use of smoking aprons had not been considered. The person in charge said that she used CCTV cameras to monitor the smoking room from the office. However, inspectors were not satisfied that this was an appropriate system as the office was frequently not occupied by staff.

Inspectors found fire safety procedures and associated records were satisfactory. Fire orders were prominently displayed, fire exits were unobstructed and staff members, spoken to by inspectors, were knowledgeable with regard to the procedures to follow in

the event of fire. The training records showed that staff had up-to-date training in this area. Inspectors also reviewed the records with regard to servicing of equipment. The records showed that there was regular servicing by external consultants of the fire detection and alarm system and of fire fighting equipment. A documented system of daily in-house checks on fire exits and the fire detection system was also in place.

Systems were in place for the recording and learning from accidents, incidents and near misses. Details of all accidents and incidents were maintained and were reviewed by the staff in order to identify areas for improvement.

The training matrix showed that staff had up-to-date training in moving and handling. Residents' moving and handling assessments were routinely assessed and instructions for assisting residents to mobilise were available in the care planning documentation which was readily accessible to the appropriate staff.

Outcome 08: Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors found that policies and processes were in place for the safe management of medications.

There was a comprehensive medication management policy in place which was under review at the time of inspection and provided detailed guidance to staff. Inspectors reviewed the prescription records and medication administration records for a sample of residents and found that this documentation was completed and maintained in accordance with the centres policies and professional guidelines.

Medications were stored appropriately. Staff had received training and regular audits were conducted to ensure compliance with the centres policy and any discrepancies were rectified immediately. Written evidence was available which showed that three-monthly reviews were carried out. Staff undertook on-line training in medication management and the pharmacist also delivered some educational sessions to the staff. There were no medications that required strict control measures (MDAs) at the time of this inspection, however inspectors found that appropriate systems and procedures were in place should these medicines be required.

Outcome 10: Reviewing and improving the quality and safety of care

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

Theme:

Effective Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

The person in charge had introduced systems to monitor and review the quality and safety of care on an ongoing basis.

There was a system in place to gather and review information on a weekly basis relating to areas of risk such as nutritional status, falls and incidence of pressure sores. This clinical data was used to identify possible trends and alert the person in charge to any significant changes in the condition of the residents.

In response to the findings of the previous inspection there was a schedule of audits in place for 2014. To date a number of audits had been carried out in areas such as health and safety, medication management and falls prevention. Inspectors saw that in general high levels of compliance were recorded, however, where issues were identified a quality improvement meeting was held following the audit in order to share learning and improve practice.

Outcome 11: Health and Social Care Needs

Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents 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

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

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

Findings:

Inspectors found that residents' healthcare needs were met in a number of different areas, however, there were ongoing concerns with regard to the management of behaviours that challenge.

There was a satisfactory standard of clinical assessment and care planning in order to identify and address residents' needs. Care plans were regularly reviewed and residents were consulted in this process where possible. Residents had good access to the general practitioner (GP) and to a range of allied health professionals as required.

Inspectors reviewed the management of behaviours that challenge. The person in charge reported that a large number of residents exhibited behaviours that challenge, although on the day of inspection a calm and content atmosphere was evident. Residents had care plans in place which clearly described the triggers to these behaviours and the appropriate response. There was good access to psychiatry services for those residents who required this. Inspectors observed staff interacting with residents in a sensitive way on the day of inspection. However, inspectors were concerned that the person in charge did not consistently respond to incidents of behaviours that challenge in an appropriate way. For example, in response to two separate incidents, residents were brought to the Garda station following physical outbursts towards staff. Inspectors were not satisfied that this approach was proportional and were concerned that it could further increase the agitation of the residents involved. During a meeting in the Authority's offices in November 2013 the provider had given an undertaking to employ a registered psychiatric nurse on day duty in order to coordinate and respond to behaviours that challenge with a more evidenced based approach. However, to date this had not been addressed.

Inspectors reviewed the management of other clinical issues such as wound care, falls management and restraint and found they were well managed and guided by robust policies. Inspectors examined the systems in place to ensure hygiene needs were continually met. Documentation was in place to show that residents daily needs were met and was maintained up to date. Residents were supported to have a bath or shower in accordance with frequencies agreed with them.

Residents had opportunities to participate in meaningful activities and the activity programme was based on residents' assessed interests and capabilities. The programme of activities was led by an activities coordinator who worked 20 hours per week. Health care assistants had been assigned to coordinate activities on days when she was not present. Residents spoke positively of the choices available. Residents were observed enjoying singing, going out for walks and placing bets on horses on the day of inspection. Time had been allocated for those residents who had communication difficulties or preferred one-on-one interaction.

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. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

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

Findings:

There were a number of aspects of the environment which required improvement.

There continued to be four multi-occupancy rooms for more than two persons which will not meet the requirements of the Authority's Standards in 2015. There also continued to be a number of two bedded rooms with restricted space. The provider had no plans in place to address this at the time of this inspection. Inspectors also noted that parts of the premises, which were only accessible by steps, had not been provided with lift access. A chair lift was provided to the first floor. However, the toilet, bathroom and two bedrooms located on the first floor return were accessed by two steps and no lift. In response to the previous inspection the provider had installed a shower and toilet to the rear of the premises, some distance away from the bedrooms. However, inspectors found that this toilet was not wheelchair accessible and there continued to be no fully accessible toilet in the centre. Two residents were using wheelchairs at the time of this inspection.

Inspectors found that there was satisfactory communal space available to the residents. There were two large sitting rooms and a dining room. A number of residents were also seen using the secure outdoor space to the rear of the centre.

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The management of complaints required improvement.

The procedure for complaints was displayed in the entrance hall and it identified the person in charge as the complaints officer. Complainants who were not satisfied with the initial response to their complaint were directed to an independent appeals process. There was a centre-specific policy in place which provided guidance to staff on complaint management.

The complaints log was read and inspectors found that some complaints were documented and the corrective action taken clearly outlined. However, staff spoken to said that some residents made a number of verbal complaints. However, inspectors noted that these verbal complaints had not been recorded in the complaints log and were not addressed in line with the centres policy.

Outcome 16: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each residents 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.

Theme:

Person-centred care and support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The arrangements for meeting the privacy and dignity needs of residents were not satisfactory. Consultation with residents with regard to their preferences was not satisfactory.

Inspectors were not satisfied that residents were consistently dressed in clothes of their choosing. There were food stains evident on the clothes of some residents and in other cases residents' clothes were ill fitting. A number of male residents were dressed in track suit bottoms; however, staff could not demonstrate that this was in accordance with their preferences. While examining the procedures in place for the maintenance of residents' finances, the person in charge and the provider stated that they routinely bought clothes on behalf of some residents in charity shops. Inspectors were concerned that this was done in the absence of consultation with these residents, the majority of whom had funds which would allow them to purchase clothing in a range of shops of their choosing.

There were systems in place to consult with residents regarding aspects of their care and the operation of the centre. However, improvements were required. An independent advocate visited the centre on a regular basis and record of these meetings was maintained. Residents' meetings were facilitated by the activities coordinator. Inspectors

read the minutes of a meeting which took place in February 2014 where it was recorded that some residents wished to go to the cinema. It was agreed that this outing would take place in February, however at the time of inspection this had not taken place.

The minutes also recorded that a resident expressed a wish to go out independently. This had not been facilitated. No action had been taken to assess the resident's capacity to fulfil this wish or to identify appropriate supports to increase the resident's independence. Inspectors were concerned that the person in charge, in her discussion of this matter, did not demonstrate an evidence-based approach in meeting this resident's needs. In the case of another residents who had been leaving the centre independently the person in charge said this was no longer "allowed". The person charge did not demonstrate an understanding of residents' rights to participate in risk-taking activities, in accordance with their wishes, in her discussion of these matters.

Residents' religious and spiritual beliefs were respected and supported in the majority of cases however, improvements were identified. A mass took place in the centre on a monthly basis. Some ministers from other religious denominations visited as required. However, in the case of a resident, who belonged to a minority denomination and who had a expressed a wish to see a religious leader, the provider stated he could not persuade the local minister to attend the centre. Inspectors found this resident's religious needs had not been sufficiently supported. An alternative minister had not been contacted and no other alternative interventions had been put in place in order to support this resident's religious and spiritual needs.

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.

Theme:
Workforce

Judgement:
Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

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

Findings:

Inspectors found that practice in relation to the recruitment of staff and the level of staffing and skill mix was satisfactory.

Inspectors observed staffing levels and skill mix on day and night shift and reviewed the rosters. Inspectors found that sufficient numbers of staff were on duty. However as highlighted under Outcome 11, the provider had not recruited a registered psychiatric

nurse in accordance with previous commitments given to the Authority. A registered nurse was on duty at all times.

There was a comprehensive written operational staff recruitment policy in place. A sample of staff files was reviewed and inspectors noted that the required documentation was in place in line with the requirements of Schedule 2 of the Regulations. Inspectors requested the an Bord Altranais agus Cnáimhseachais na hÉireann registration numbers for all nursing staff and found that all were in place.

Staff members were encouraged to maintain their continued professional development. A training schedule was in place and staff stated they were encouraged to attend courses in relevant areas. On the day of inspection, an external trainer visited the centre and provided training to a number of the staff on behaviours that challenge.

No volunteers were attending the centre at the time of inspection, however, the provider was aware of the documentation requirements for volunteers.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

Gary Kiernan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Action Plan

Provider's response to inspection report¹

Centre name:	Donore Nursing Home
Centre ID:	ORG-0000032
Date of inspection:	12/03/2014
Date of response:	04/04/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose did not fully address all the matters listed in Schedule 1 of the Regulations.

Action Required:

Under Regulation 5 (1) (c) you are required to: Compile a Statement of purpose that consists of all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

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

The statement of purpose has been revised and includes suitability for admission to the centre whereby a pre admission assessment is carried out by the person in charge and Registered provider, which includes personal, medical, social and family history along, with the Barthel index to establish their ADL's and Cannard for falls. The physical layout is also considered on pre admission assessment, in terms of the centre's

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

suitability for individual residents. We have expanded the statement of purpose to identify the various therapeutic techniques which are supervised by the PIC, while the nurse and carers are involved with the residents.

Proposed Timescale: 16/04/2014

Outcome 06: Safeguarding and Safety

Theme: Safe Care and Support

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

The system for managing residents' finances was not satisfactory.

Action Required:

Under Regulation 6 (1) (a) you are required to: Put in place all reasonable measures to protect each resident from all forms of abuse.

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

A system is currently being put in place for the individual residents accounts and all activities relating to accounts will be counter signed.

Proposed Timescale: 11/04/2014

Outcome 07: 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:

All risks in the centre, including those identified at the previous inspection, had not been identified and assessed.

Action Required:

Under Regulation 31 (2) (a) and (b) you are required to: Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

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

With regard to ensuring the safety of residents who smoke, we have carried out a Risk Assessment on all smokers. These smokers have been rated between 1 and 9, with 9 being a major risk. Moderate and high risk smokers have been provided with a smoking apron.

Proposed Timescale: 21/04/2014

Theme: Safe Care and Support

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

The procedures in place to ensure the safety of residents who smoke were not satisfactory. Infection control procedures, including hand washing, sluicing and the management of residents' razors, were not satisfactory to protect residents.

Action Required:

Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

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

With regard to the sluicing facilities, a new sluice machine has been acquired. Unfortunately on the day of the inspection it was leaking. The machine was fixed on 13th of March and is now fully operational.

Time scale –completed

With regard to hand washing facilities- hand wash basin in sluice room has been put in place. Hand wash basins in each bed rooms are provided with hand liquid soap and hand paper- towels.

Each resident has individual razors, which are now controlled. These have now been individually and separately identified with metallic name tags and are only used by the named individual.

Time scale – completed

An extensive Infection Control Policy and Procedure has been written. The P&P covers all aspects of infection control in the home. We are presently implementing the new infection control procedures and a nurse has been appointed as Infection Control Nurse with the purpose of promoting Infection Control protocols in the home.

The H&S Statement and Procedures is being developed by our consultant at present and will be complete by the end of April.

Proposed Timescale: 30/04/2014

Outcome 11: Health and Social Care Needs

Theme: Effective Care and Support

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

The response to behaviours that challenge was not satisfactory to meet the needs of residents.

Action Required:

Under Regulation 6 (3) (a) you are required to: Put in place suitable and sufficient care to maintain each residents welfare and wellbeing, having regard to the nature and extent of each residents dependency and needs.

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

We have conducted training on managing challenging behaviour for all staff. Where we are concerned with the outbursts of challenging behaviour from any resident, we have the resident reviewed by the GP, consultant psychiatrist and psychiatric nurse as appropriate. This may involve intervention in medication management for treating the underlying cause. Risk assessments are regularly carried out and care plans developed accordingly.

Proposed Timescale: 04/04/2014

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:

There was no wheelchair accessible toilet or bathroom.

Action Required:

Under Regulation 19 (1) you are required to: Provide suitable premises for the purpose of achieving the aims and objectives set out in the statement of purpose, and ensure the location of the premises is appropriate to the needs of residents.

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

The existing wheel chair toilet facility will be renovated.

Proposed Timescale: 14/05/2014

Theme: Effective Care and Support

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

There was restricted space in some of the two-bedded rooms. There was no plan in place to address four multi-occupancy bedrooms in advance of July 2015. A lift was not provided to part of the premises which could only be accessed by steps.

Action Required:

Under Regulation 19 (3) (a) you are required to: Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.

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

Arrangements are at hand to extend the existing building to provide for compliance with HIQA standard 2009.

Proposed Timescale: 20/07/2015

Outcome 13: Complaints procedures

Theme: Person-centred care and support

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

A record of all complaints made was not maintained.

Action Required:

Under Regulation 39 (7) you are required to: Maintain a record of all complaints detailing the investigation and outcome of the complaint and whether or not the resident was satisfied.

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

We have instructed the staff to inform the nurse on duty if and whenever there are complaints from the residents and the nurse to record all these complaints and to act on it.

Proposed Timescale: 04/04/2014

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 arrangements to support the religious needs of residents required improvement.

Action Required:

Under Regulation 10 (f) you are required to: Put in place arrangements to facilitate residents in the exercise of their civil, political and religious rights.

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

To meet the religious and spiritual needs of all our residents in the centre, we have monthly mass, lay ministers visiting every Sunday and the Legion of Mary prayer group every week. Holy mass is shown on TV or broadcast on radio for residents who wish to partake. Residents can participate in masses for special occasions, such as Christmas and Easter and carol singing forms part of the Christmas celebrations. Ministers are invited to attend at the home at the wish of residents. Residents wishes for religious input is facilitated at end of life. We make every possible effort to facilitate residents who belong to a religion which is not part of the Irish mainstream faiths.

Proposed Timescale: 04/04/2014

Theme: Person-centred care and support

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

The arrangements in place to respond to issues raised at residents' meetings required improvement.

Action Required:

Under Regulation 10 (g) you are required to: Put in place arrangements to facilitate residents consultation and participation in the organisation of the designated centre.

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

Where specific requests are made by residents to participate in activities, a risk assessment will be carried out to determine the suitability of the particular resident for the proposed activity.

Proposed Timescale: 30/04/2014

Outcome 18: Suitable Staffing

Theme: Workforce

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

An Registered Psychiatric Nurse had not been employed in response to the needs of residents.

Action Required:

Under Regulation 16 (1) you are required to: Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

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

We are in contact with five nursing agencies and to date have not been offered a suitable RPN candidate. These agencies are contacted on a regular basis to review progress. Unfortunately we are unable to provide a time scale as the matter is not in our control. Meanwhile we have been engaged with the new "old age" psychiatric consultant and two community psychiatric nurses for the Wicklow area. The St. Brendan's hospital psychiatric team have appointed a female psychiatric nurse to work with the nursing team. She visits as the visiting psychiatric nurse on a regular basis to the nursing home. With her assistance the nursing home management and the staff continue to meet the different and varied needs of all the residents in our care.

Proposed Timescale: Ongoing