<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Dealgan House Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000130</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Bellewsbridge, Toberona, Dundalk, Louth.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>042 935 5016</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:dealganhouse@gmail.com">dealganhouse@gmail.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Dealgan House Nursing Home Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Thomas Fintan Farrelly</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Sonia McCague</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>52</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>1</td>
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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.
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.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
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<tr>
<td>08 July 2014 09:30</td>
<td>08 July 2014 18:00</td>
</tr>
<tr>
<td>09 July 2014 07:00</td>
<td>09 July 2014 14:30</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Outcome 01: Statement of Purpose</th>
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<tr>
<td>Outcome 02: Governance and Management</td>
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<tr>
<td>Outcome 03: Information for residents</td>
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<td>Outcome 04: Suitable Person in Charge</td>
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<td>Outcome 05: Documentation to be kept at a designated centre</td>
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<td>Outcome 06: Absence of the Person in charge</td>
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<td>Outcome 07: Safeguarding and Safety</td>
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<td>Outcome 08: Health and Safety and Risk Management</td>
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<td>Outcome 09: Medication Management</td>
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<td>Outcome 10: Notification of Incidents</td>
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<td>Outcome 11: Health and Social Care Needs</td>
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<td>Outcome 12: Safe and Suitable Premises</td>
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<td>Outcome 13: Complaints procedures</td>
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<td>Outcome 14: End of Life Care</td>
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<td>Outcome 15: Food and Nutrition</td>
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<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
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<td>Outcome 17: Residents’ clothing and personal property and possessions</td>
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<tr>
<td>Outcome 18: Suitable Staffing</td>
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Summary of findings from this inspection

The purpose of this inspection was to inform a decision regarding the renewal of a registration.

Notifications of incidents and information received by the Authority since the last inspection were monitored and followed up on at this inspection. This inspection was announced and took place over two days. As part of the inspection the inspector met with residents, relatives/visitors, and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, clinical and operational audits, policies and procedures, contracts of care and staff files.
There were 50 residents in the centre which has a maximum capacity for 53. Two residents were in hospital and the vacancy existed, however, an admission was planned. The person authorised on behalf of the provider, person in charge and staff team were available in the centre to facilitate the inspection process.

The purpose of the inspection was explained and matters arising from the previous inspection and monitored events including the planned expansion of the centre were discussed and examined.

The inspector was satisfied that good systems and measures were in place to manage and govern this centre. The provider nominee, person in charge, clinical nurse manager and administrator were responsible for the governance, operational management and administration of resources.

Systems were in place to manage risk and safeguard residents while promoting their well being, independence and autonomy. Training and facilitation of staff was provided relevant to staff roles and responsibilities, and further training was to be carried out on a planned basis.

The environment was modern, tastefully decorated, clean, warm and well maintained, and the atmosphere was calm while residents were supervised and supported by the staff team.

Staff including housekeeping and activity personnel were knowledgeable regarding residents and all residents were complimentary of staff and satisfied with the care and services provided.

Overall, substantial compliance was found in the many outcomes; however, improvements were required in four outcomes as follows:

- Outcome 3 - Information for residents
- Outcome 5 - Documents to be kept in the Designated Centre
- Outcome 9 - Medication Management
- Outcome 18 - Workforce and Volunteers.

These matters are discussed in the body of the report and outlined in the action plan at the end of this report for the providers’ and person in charges’ response.

Questionnaires returned to the Authority prior to inspection were complimentary of staff, and the care and services provided. Additional comments noted within questionnaires were relayed to the management team during this inspection.
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 2013 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:**
Governance, Leadership and Management

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

**Findings:**
There was a written statement of purpose that described the service and facilities that are provided in the centre. The statement of purpose consists of a statement of the aims, objectives and ethos of the designated centre.

It contained the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

Staff were familiar with the statement of purpose and function, and reviews and changes in relation to the designated centre were updated and communicated to the Authority accordingly.

**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:**
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. Assurances were given by the provider nominee and person in charge that additional resources such as staff would be provided based on increased and changing resident needs and/or greater dependencies.

**Judgment:**
Compliant

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**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):**
No actions were required from the previous inspection.

**Findings:**
Services provided for residents were outlined in contracts of care including those in receipt of financial support under the Nursing Homes Support Scheme and any other service of which the resident may choose to avail but which is not included in the Nursing Homes Support Scheme or to which the resident is not entitled under any other health entitlement.

For most residents an agreed written contract which included details of the services to be provided for residents and the overall fees to be charged, signed by the resident/representative and person nominated on behalf of the provider was available to reflect arrangements. However, improvements were required to demonstrate additional or changes in fees had been communicated and agreed when applied to ensure agreements were updated to reflect current arrangements/payments.

**Judgment:**
Non Compliant - Minor

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**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 designated centre was managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service. There was a clearly defined management structure which identified the lines of authority and accountability in the centre. The person in charge works on a full time basis and has a deputy to assume responsibility of the designated centre in her absence.

The person in charge demonstrated sufficient knowledge and implementation of the legislation requirements and was aware of her statutory responsibilities. The Inspector was satisfied that the person in charge was engaged in the governance, operational management and administration of the centre on a regular and consistent basis and had demonstrated that she was committed to improving outcomes for the resident group.

Residents and relatives were familiar with the person in charge and were complimentary of her and the staff team.

Judgment:
Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 2013.

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:
Records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) were available, easily retrievable and maintained securely. Records including the statement of purpose, residents guide, previous inspection reports, and directory of residents, emergency procedures, and clinical documents along with records related to all residents and staff were available for inspection.
The designated centre had stated in the application to renew registration completed April 2014 that all written operational policies referenced in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) were completed/available. The inspector reviewed policies which included a health and safety, responding to emergencies and risk management policies and procedures, management of complaints, the prevention, detection and response to abuse, and end of life care and found that they guided and demonstrated practice within this centre.

While policies and procedures were available, improvements were required in relation to the recruitment, selection and vetting policy, which will be discussed further in outcome 18, and the medication management policy related to the ordering, receipt and prescribing of medicines for residents, which will also be discussed further in outcome 9. A review of some staff files found a number to be incomplete when compared with the requirements of schedule 2. Evidence of the person’s identification, a vetting disclosure and a reference from a person’s most recent employer was not available. The position held and work to be performed was not available in one staff members files reviewed which may be attributed to the absence of timeframes and detail within the recruitment policy. The verification of references formed part of the recruitment policy process outlined, however, there was no evidence that this requirement was carried out in practice in the sample of staff files reviewed.

Residents could access their records on request and were satisfied with the arrangements in place.

Monetary transactions undertaken between and on behalf of residents was examined and found to be accurately maintained.

A system was in place to records residents’ property and detail items on admission and when completing the contract of care, however, the records had not been completed for all residents as items of value that were reportedly mislaid had not been accounted following a recent investigation by the person in charge. This system required improvement to ensure robustness.

Records were found to be reasonably maintained, however, improvements were required to ensure accuracy and consistency of information between incident reports and recordings, monthly medication reviews including PRN medication and quarterly audits were accurately collated to inform quality improvements. Templates used for acquiring employee reference/s, checking of medication following delivery and judgements regarding restraint versus enablers required revision/improvement to ensure clarity and comprehension.

A current and written declaration of insurance cover was available in accordance with regulatory requirements.

**Judgment:**
Non Compliant - Moderate
### Outcome 06: Absence of the Person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed 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):**
No actions were required from the previous inspection.

**Findings:**
The provider and person in charge were aware of their responsibility to notify the Chief inspector of a proposed or unplanned absence of the Person in Charge.

There were suitable arrangements in place for the management of the designated centre in the absence of the Person in Charge; however, an absence for more than 28 days was not expected.

**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):**
No actions were required from the previous inspection.

**Findings:**
Measures to protect residents being harmed or suffering abuse were in place.

A policy on, and procedures for the prevention, detection and response to abuse was in place.

Staff had received training in adult protection and elder abuse to safeguard residents and protect them from abuse.

Staff knew what constituted abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report any incidents to. There were no reported or active incidents, allegations, or suspicions of abuse under investigation.
The provider and person in charge assumed responsibility to monitor the systems in place to protect residents and were confident that there are no barriers to staff or residents disclosing abuse.

Residents who communicated to and with the inspector said they felt safe and able to report any concerns. Relatives who participated in the inspection process also shared this view.

There were systems in place to safeguard residents’ money and learning from recent events in relation to lost property had brought about improvements being implemented.

Efforts were being made to identify and alleviate the underlying causes of behaviour that is challenging and training had been provided recently to inform and support staff practice. Where restraint was used attempts were being made to ensure practice and measures in use were in line with the national policy on restraint.

**Judgment:**
Compliant

**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):**
No actions were required from the previous inspection.

**Findings:**
The health and safety of residents, visitors and staff was promoted in this centre.

The centre had policies and procedures relating to health and safety.
A current health and safety statement was available and risk management procedures were in place supported by a policy to include items set out in regulation 26(1).

There was an emergency plan in place for responding to major incidents likely to cause injury or serious disruption to essential services or damage to property.

Satisfactory practices and procedures were found in relation to the prevention and control of healthcare associated infections.

Arrangements were in place for investigating and learning from serious incidents/adverse events involving residents. Quarterly audits of falls were maintained and demonstrated a reduction in events in 2014.

Reasonable measures are in place to prevent accidents in the centre and grounds.
Training for staff included moving and handling of residents, infection control and fire safety provided on a regular basis.

A fire safety register and associated records were maintained and precautions against the risk of fire were in place. Service records confirmed that the fire alarm system and fire safety equipment including emergency lighting and extinguishers were recently serviced and serviced on a regular basis. Means of escape and fire exits were unobstructed and emergency exits clearly identified. Each resident had a personal evacuation plan, and staff were knowledgeable regarding emergency procedures to be adopted in the event of a fire alarm.

Written confirmation from the provider nominee and a competent person that the requirements of the statutory fire authority were substantially complied with was provided with the application to renew the registration for this centre.

Judgment:
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:**
There were written operational policies relating to Medication management, however, gaps were found and improvements were needed in relation to practices and policy details associated with the ordering, prescribing, checking and administration of medicines to residents.

While the processes in place on the day of inspection for handling of medicines, including controlled drugs, were safe and in accordance with current guidelines and legislation, a delay between the ordering and delivery of a controlled drug by 20 days had recently occurred resulting in a resident not receiving their prescribed doses of analgesia. Prior to the inspection this error had been identified by the clinical nurse manager (CNM) who, with the person in charge, had put measures in place to improve ordering, supply and checking systems in order to mitigate the risk of a similar incident reoccurring. However, this finding suggested a lack of appropriate checks and due consideration of the prescription kardex at times of administration and that of daily checks of controlled drugs undertaken by nursing staff over a 20 day period. The provider gave assurances that this matter would be addressed with relevant staff and improvements required would be implemented.
A system was in place for reviewing and monitoring medication management and practices. Medication prescriptions and stock audits were carried out by a pharmacist and CNM, and reviews were undertaken that included the GP. While this was a fairly robust process, it was noted that the requirement to administer a PRN medicine required in the event of an emergency was ambiguous and unclear in one residents’ prescription, not in accordance with professional guidelines and nurses were undecided about its administration on enquiry.

**Judgment:**
Non Compliant - Moderate

### 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:**
A record of incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector.

**Judgment:**
Compliant

### 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):**
No actions were required from the previous inspection.

**Findings:**
Residents’ health care needs were met through timely access to GP services and appropriate treatment and therapies. Arrangements were in place to ensure residents had appropriate access to medical and healthcare services when required. Residents and
staff were complimentary of the current healthcare arrangements, service provision and changes made since the last inspection.

Residents had reasonable access to allied health care services. The care and services delivered encouraged health promotion and early detection of ill health facilitating residents to make healthy living choices.

There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was maintained and shared between providers and services. In the main, assessments and clinical care accorded with evidence based practice.

Residents had been assessed to identify their individual needs and choices. Each resident had care plans in place to guide practice and reviews of care plans were on an ongoing basis at a minimum of every four months.

Educational sessions had been recently provided for staff regarding behaviour that was challenging. The application, definition and use of restraint was under review in line with the national policy guidelines. Consultation with residents and representatives was evident, to demonstrate/acknowledge understanding that measures were used that may impinge freedom of residents movement such as bedrails. No other forms of restraint devices were reported as in use.

Residents had opportunities to participate in activities that were meaningful and purposeful to them, and which suited their needs, interests and capacities. Activity and care staff interacted well with residents while facilitating engagement in meaningful activities within the centre and externally, which residents and relatives were complimentary of.

Judgment: 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):**
No actions were required from the previous inspection.

**Findings:**
The design and layout of the centre is suitable for its stated purpose and met residents’
individual and collective needs in a comfortable and homely way. The premises and grounds were well maintained and clean, with suitable heating and ventilation. The Inspector was informed of plans and proposals to extend the centre were subject to planning permission.

A maintenance system was in place and maintenance/gardening staff were available as required. Residents bedrooms were personalised, and could accommodate furniture and equipment to support their preferences and needs/choices.

Bedroom accommodation comprised of 51 single rooms and one twin bedrooms, with suitable and sufficient availability to sanitary, toilet and bath/shower facilities. Dining room facilities were centrally located adjoining the main kitchen and meals were arranged and served in two sittings. Residents had access to safe and enclosed outdoor courtyards. A smoking area was available to residents within the centre.

There was appropriate equipment for use by residents or staff which was maintained in good working order. Equipment, aids and appliances such as hoist, call bells, hand rails were in place to support and promote the full capabilities of residents. Service records were available to demonstrate equipment was maintained in good working order. Staff were trained to use equipment and equipment was observed to be stored safely and securely.

The provider nominee and person in charge informed the inspector that arrangements were in place for the provision of a generator in the event of a power outage, which was reflected in the relevant emergency procedure.

**Judgment:**
Compliant

<table>
<thead>
<tr>
<th><strong>Outcome 13: Complaints procedures</strong></th>
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<tr>
<td>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.</td>
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**Theme:**
Person-centred care and support

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

**Findings:**
Policies and procedures were in place for the management of complaints. A record of all complaints, investigations, responses and outcomes was maintained. The inspector was informed by the person in charge that the complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon. There were no active complaints being investigated at the time of inspection. The clinical nurse manager/person in charge was the nominated complaints officer and an appeals procedure was in place.
The complaints procedure was displayed in the foyer near the entrance to the centre and communal rooms.

Residents and relatives who completed questionnaires and spoken with during the inspection were aware of how to make a complaint and were satisfied with arrangements in place and felt supported in raising issues.

A system to monitor complaints was in place which provides an opportunity for learning and improvement.

Judgment:
Compliant

Outcome 14: End of Life Care
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

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

Findings:
At the time of inspection the inspector was informed that there were no residents receiving end of life care.

A policy and operational procedures for end of life were in place and available to guide staff and inform care practices. Decisions regarding care and treatment decisions at the end of life were recorded and the inspector found evidence that residents and relatives' wishes were discussed, recorded and reviewed accordingly regarding preferred religious, spiritual and cultural practices. Engagement with residents and their family members, medical and palliative care providers was facilitated and evident in the sample of care records reviewed.

The person in charge and deputy informed the inspector that residents and their family were supported with overnight facilities and refreshments provided as required.

Recommendations made from the self assessment had not yet been completed and the time frame had not expired. The person in charge gave assurances that all recommendations would be implemented within the specified time frame.

Judgment:
Compliant
Outcome 15: Food and Nutrition
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:
Person-centred care and support

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

Findings:
The inspector was satisfied that residents were provided with a nutritious and varied diet that offered choice. Mealtimes observed were unhurried social occasions that provided opportunities for residents to interact with each other and staff. Staff were seen assisting and supporting residents appropriately, in a discrete and respectful manner.

Staff preparing, serving and assisting with meals and drinks were familiar with residents dietary requirements, needs and preference. Staff offered choices and sought resident satisfaction levels during meals requested and provided.

Systems were in place and environmental health checks were maintained and reported on the main kitchen.

There was a policy in place to guide practice and clinical assessment in relation to monitoring and recording nutritional intake and risk of malnutrition. Staff were knowledgeable and described practices and communication systems in place to monitor residents that included regular weight monitoring and food/fluid consistency and arrangements for intake recording.

Access to dental, dietician and speech and language therapists was available and provided on a referral basis based on an assessment of need or change in condition.

Judgment:
Compliant

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):
No actions were required from the previous inspection.

Findings:
Adequate arrangements were in place for consultation with residents on the running of the service.

A resident’s forum met on a regular basis and minutes of meetings were available to demonstrate this. A recommendation made in one questionnaire included the facilitation of a relatives forum/meeting.

Residents confirmed that their religious and civil rights were supported. Religious ceremonies and visits formed an important part of residents' lives.

The inspector found that residents' rights and privacy was respected. Staff were observed engaging, communicating and announcing themselves to residents appropriately. Bedrooms were largely single occupancy and opportunity to meet relatives/visitors in private was available to residents external to or within the twin bedroom.

Residents had a personal television and/or radio in their room, access to daily newspapers and could receive or make telephone calls in private. Communication and notice boards were provided with information regarding forthcoming events and local news items.

Staff described how they promoted links with the local community through resident outings, family involvement and arrangement for integration with community groups.

Judgment:
Compliant

Outcome 17: Residents’ clothing and personal property and possessions
Adequate space is provided for residents’ personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:
Person-centred care and support

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

Findings:
The space provided for residents’ personal possessions and storage of their own clothes was suitable and sufficient, and well maintained. There were arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.
A policy was in place and procedure described on management of residents’ personal property and possessions. Improvements were noted previously in outcome 5 to enhance the systems in place to ensure personal property was safeguarded through systems including record keeping.

There were adequate laundry facilities with systems in place to ensure that residents’ own clothes were returned to them. While residents could retain control over their own possessions and clothing, they could make alternative arrangements for their own laundry if they wished to.

**Judgment:**
Compliant

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**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:**

Staff actual and planned rosters were available reflecting the staffing provision and arrangements in place. Staff were seen supporting, assisting or supervising residents accordingly in a meaningful and engaging manner. Residents told the inspector they felt supported by staff that they were available to them as required.

The inspector was satisfied that the number and skill mix of staff on duty and available to residents during inspection was sufficient to resident numbers and dependency levels/needs. However, while the person in charge and staff including day and night nurses confirmed satisfaction with the provision of one nurse for up to 52 residents at night (after 8pm), the inspector raised this reduced skill mix as a concern that required monitoring and review as change in residents needs and dependencies occurred.

Activities undertaken between 8pm and 10pm by nursing staff included administration of medications therefore direct supervision of care staff may not be overseen. A systematic approach to monitoring staff who work night duty only required appraisal.

A staff training programme was planned and available for 2014. Mandatory training, facilitation and education relevant to the resident group had been provided and planned.
Evidence of professional registration for all rostered nurses was available and current. Recruitment procedures were in place and as discussed in outcome 5 a sample of staff files were examined against the requirements of schedule 2 records which identified improvements required and reported in action plan 5.

A number of volunteers had active roles in the centre, however, evidence of garda vetting had not been completed; and the nature and extent of their roles and responsibilities had not been detailed and agreed in writing.

**Judgment:**
Non Compliant - Moderate

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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:**

Sonia McCague  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Dealgan House Nursing Home</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000130</td>
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<tr>
<td>Date of inspection:</td>
<td>08/07/2014</td>
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<tr>
<td>Date of response:</td>
<td>22/08/2014</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.

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:
Improvements were required to demonstrate additional or changes in fees had been communicated and agreed when applied to ensure agreements were updated to reflect current arrangements/payments.

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.

Please state the actions you have taken or are planning to take:
We will ensure that all residents receive a letter informing them of fee increases and

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
that agreements/contracts are amended to reflect the change of fees.

**Proposed Timescale:** 30/09/2014

<table>
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<tr>
<th><strong>Outcome 05: Documentation to be kept at a designated centre</strong></th>
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<tr>
<td><strong>Theme:</strong> Governance, Leadership and Management</td>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Improvements were required in relation to the recruitment, selection and vetting policy, referenced in outcome 18, and the medication management policy related to the ordering, receipt and prescribing of medicines for residents, referenced in outcome 9.

**Action Required:**

Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

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

Recruitment, Selection and Vetting policy will be reviewed and amended to ensure it is sufficiently detailed and includes timeframes. The registered provider will ensure the policy is followed.

**Proposed Timescale:** 30/09/2014

| **Theme:** Governance, Leadership and Management |

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

A review of some staff files found a number to be incomplete when compared with the requirements of schedule 2.

Evidence of the person’s identification, a vetting disclosure and a reference from a person’s most recent employer was not available.

The verification of references formed part of the recruitment policy process outlined, however, there was no evidence that this requirement was carried out in practice in the sample of staff files reviewed.

**Action Required:**

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.
Please state the actions you have taken or are planning to take:
Any gaps in current staff files will be addressed. The strengthened Recruitment, Selection and Vetting policy will ensure this does not reoccur.

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<td><strong>Theme:</strong> Governance, Leadership and Management</td>
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The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Records pertaining to residents’ property had not been completed for all residents as items of value that were reportedly mislaid had not been recorded following a recent investigation by the person in charge. This recording system required improvement to ensure robustness.

**Action Required:**
Under Regulation 21(3) you are required to: Retain the records set out in Schedule 3 for a period of not less than 7 years after the resident has ceased to reside in the designated centre.

**Please state the actions you have taken or are planning to take:**
Completion of the valuables list will now be done by the nurse on admission. It was previously sent to families as an addendum to the contract of care and was often returned uncompleted. The Person in Charge has now reported to a family on her investigation about a missing item and will ensure that she does so if similar incidents occur in future.

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<td><strong>Theme:</strong> Governance, Leadership and Management</td>
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The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The position held and work to be performed was not available in one staff members files reviewed which may be attributed to the absence of timeframes and detail within the recruitment policy.

**Action Required:**
Under Regulation 21(5) you are required to: Retain the records set out in paragraphs (7) and (8) of Schedule 4 for a period of not less than 7 years from the date of their making.

**Please state the actions you have taken or are planning to take:**
The Recruitment, Selection and Vetting policy will be reviewed and amended to ensure
it is sufficiently detailed and includes timeframes. The registered provider will ensure the policy is followed. The specific case to which reference is made will be corrected.

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<td><strong>Theme:</strong> Governance, Leadership and Management</td>
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The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Improvements were required to ensure accuracy and consistency of information between incident reports and recordings, monthly medication reviews including PRN medication and quarterly audits were accurately collated to inform quality improvements.

Templates used for acquiring employee reference/s, checking of medication following delivery and judgements regarding restraint versus enablers required revision/improvement to ensure accuracy, clarity and comprehension.

Action Required:
Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

Please state the actions you have taken or are planning to take:
The Epiccare system has been amended to provide reports that will accurately reflect the time at which an incident occurred.

The inspector confirmed our understanding of what constitutes restraints and enablers. All records will be amended to conform with this understanding. We will now be able to make clear judgements regarding restraints/enablers.

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**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:

Gaps were found in relation to practices and policy details associated with the ordering, prescribing, checking and administration of medicines to residents.

One resident had experienced a delay between the ordering and delivery of a controlled drug by 20 days resulting in a resident not receiving their prescribed doses of analgesia.
This finding suggested a lack of appropriate checks and due consideration of the prescription kardex at times of administration and that of daily checks of controlled drugs undertaken by nursing staff over a 20 day period.

While a system was in place for reviewing and monitoring medication management and practices, it was noted that the requirement to administer a PRN medicine required in the event of an emergency was unclear and not in accordance with professional guidelines in one residents’ prescription and nurses were undecided about its administration on enquiry.

**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:**
Our Clinical Nurse Manager has liaised with the pharmacist and GP regarding PRN medication and how it is to be administered and documented. The procedure for reviewing and monitoring medication has been updated. Pharmacist and nursing staff have planned an education day in September to update medication management following which the Dealgan House medication management policy will be updated.

**Proposed Timescale:** 30/09/2014

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**Outcome 18: Suitable Staffing**

**Theme:**
Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
While the person in charge and staff including day and night nurses confirmed satisfaction with the provision of one nurse for up to 52 residents at night (after 8pm), the inspector raised this reduced skill mix as a concern that required monitoring and review as change in residents needs and dependencies occurred. Activities undertaken between 8pm and 10pm by nursing staff included administration of medications therefore direct supervision of care staff may not be overseen.

A systematic approach to monitoring staff who work night duty only required appraisal.

**Action Required:**
Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

**Please state the actions you have taken or are planning to take:**
We constantly monitor and adjust staffing levels to reflect dependency levels and to
ensure residents’ needs are met and we will continue to do so. We will pay particular attention to the times identified by the inspector. The PIC will continue to monitor staffing levels at night and will adjust the rota accordingly.

**Proposed Timescale: 25/08/2014**

**Theme:**
Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
A number of volunteers had active roles in the centre; however, the nature and extent of their roles and responsibilities had not been detailed and agreed in writing.

**Action Required:**
Under Regulation 30(a) you are required to: Set out in writing the roles and responsibilities of people involved on a voluntary basis with the designated centre.

**Please state the actions you have taken or are planning to take:**
We will formalise the roles of volunteers who attend the centre.

**Proposed Timescale: 19/09/2014**

**Theme:**
Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
A number of volunteers had active roles in the centre; however, evidence of garda vetting had not been completed.

**Action Required:**
Under Regulation 30(c) you are required to: Provide a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 for people involved on a voluntary basis with the designated centre.

**Please state the actions you have taken or are planning to take:**
We will request volunteers who attend the centre to complete Garda vetting forms and will process them.

**Proposed Timescale: 25/08/2014**