

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Donore Nursing Home
Centre ID:	OSV-0000032
Centre address:	Sidmonton Road, Bray, Wicklow.
Telephone number:	01 286 7348
Email address:	donore_91@yahoo.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Brecon (Care) Limited
Provider Nominee:	John Percival Griffin
Lead inspector:	Gary Kiernan
Support inspector(s):	Sheila Doyle
Type of inspection	Announced
Number of residents on the date of inspection:	23
Number of vacancies on the date of inspection:	3

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 1 day(s).

The inspection took place over the following dates and times

From: 30 September 2014 10:00 To: 30 September 2014 19:00

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

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

Summary of findings from this inspection

This monitoring inspection was carried out in response to an application from the provider to renew the registration of the centre. As part of the monitoring event, inspectors met with residents, relatives, and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. Survey questionnaires submitted to the Authority by residents and relatives were also reviewed.

Inspectors found that a number of actions had been taken since the previous inspection resulting in an improved level of 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 system of governance and management had been reviewed and was now focused towards continual improvement.

However, there continued to be a number of areas which required improvement. The physical environment was not satisfactory and did not meet the needs of residents in a number of areas. The provision of meaningful activities and opportunities for meaningful social engagement for residents required improvement. Improvements were also needed to ensure that residents had access to appropriate allied health care when needed. A number of staff members had not been provided with the required training in fire safety and moving and handling.

Residents had good access to the general practitioner (GP) and there was a comprehensive support structure in place as provided by the psychiatric team. There was a good system of clinical assessment and care planning in place and care was delivered to residents in accordance with these plans.

A risk management process was in place to promote the health and safety of residents, staff and visitors. The centre's policies and procedures for medication management protected residents. There was evidence of good practice in relation to the recruitment of staff. Staff numbers and skill mix were appropriate to meet the needs of residents. An additional psychiatric nurse (RPN) had been employed since the previous inspection.

These matters are discussed further in 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 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):

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

Findings:

There was a statement of purpose in place which met with the requirements of the Regulations.

Inspectors read the statement of purpose and found that it had been maintained up-to-date and described the centre and the service provided in detail. Changes had been made to the statement of purpose in response to the findings of the previous inspection and the criteria for admission and admission process were now clearly described. The statement of purpose accurately reflected services and facilities provided. The provider and person in charge were aware of the need to keep this document under review.

Judgment:

Compliant

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There was a clearly defined management structure in place and the person in charge had systems in place to monitor and review the quality and safety of care on an ongoing

basis.

The governance and management structure was clearly set out and was understood by the staff. Regular management and staff meetings took place and were documented while staff reported that there was a good system of communication in the centre. A quality improvement initiative had been implemented. Inspectors read the minutes of these meetings and found that they were used to discuss issues of risk and the quality and safety of care provided to the residents. In addition to this actions plans were developed and followed up for each area of improvement identified.

The person in charge maintained a weekly record of key performance indicators which included a review of residents with pressure areas, residents who experienced pain, falls in the centre and residents using restraint. The data was compared week on week in order to identify any trends or areas where the person in charge needed to focus more resources.

There was a schedule of audits in place for the purpose of monitoring and improving the safety and quality of care. An external consultant had been consulted to help establish this programme in the centre. Inspectors were shown a number of audits which had been carried out in areas such as health and safety, training needs and restraint. The audits were of a good quality and where issues for improvement were identified, corrective plans were generated and implemented. For example, in response to the audit on restraint, the senior nurse provided additional training for the staff in response to a knowledge deficit identified.

Judgment:

Compliant

Outcome 03: Information for residents

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

Residents were provided with information and contracts of care dealing with the service to be provided. However some improvement to the contract of care were required.

Inspectors read a sample of completed contracts and saw that they had been agreed and signed by the residents within the legislative timeframe following admission. The weekly fee payable by the residents was clearly stated. Items which would incur an additional charge were also highlighted, however the charges for these items were not

included in line with the requirements of the Regulations.

The provider had developed user friendly guide to the centre which was available to all residents. This guide which was written in an easily-understood way and included pictures provided information on the accommodation provided, the fire safety measures in the centre and complaints process.

Judgment:

Non Compliant - Minor

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 requirements for the role of person of person in charge were met.

Inspectors had identified concerns in relation to this outcome at the previous inspection as a number of requirements, which were the responsibility of the person in charge, had not been addressed satisfactorily. Inspectors found that the person in charge had taken steps to address these matters since the previous inspection. In addition to this she had worked with the provider and external consultant in order to introduce the quality improvement initiative outlined in outcome 2. Since the previous inspection the provider had also appointed a registered psychiatric nurse and this provided additional support to the person in charge.

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.

She demonstrated ongoing commitment to improving outcomes for residents. She was present in the centre six days per week and was fully engaged in the management of the service and knew the residents very well.

The person in charge was supported in her role by senior nurse who deputised in her absence. The senior nurse participated fully in the inspection process and was interviewed by inspectors. She demonstrated a strong knowledge of their roles and responsibilities under the Regulations as well as strong clinical knowledge.

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):

No actions were required from the previous inspection.

Findings:

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

Up-to-date residents' records were maintained stored securely. These records were retained for seven years and there was a policy in place to guide staff on the creation of, access to and retention of records.

Written operational policies, which were centre specific, were in place to inform practice and provide guidance to staff. Inspectors found that 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. An up-to-date directory of residents was maintained. Appropriate insurance cover was in place with regard to accidents and incidents and residents personal property.

Judgment:

Compliant

Outcome 06: Absence of the Person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the 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 was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days. The provider had appropriate contingency plans in place to manage any such absence.

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):

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

Findings:

Inspectors found that measures were in place to protect residents from being harmed or suffering any form of abuse.

The provider had taken steps to address the non compliance relating to the management of residents finances, identified at the previous inspection. The provider had worked with an accountancy firm in order to introduce a more transparent and traceable system for managing monies received and held on behalf of some residents. Receipts were now maintained and clear records were maintained for each resident. While this system offered a greater level of protection to the residents inspectors noted that further work was planned, in consultation with the accountant, in order to further develop this system.

A policy relating to the prevention and detection of elder abuse was in place. The policy was comprehensive and provided sufficient detail in order to guide staff on the steps to follow in the event of an allegation of abuse. The person in charge and nursing staff demonstrated knowledge and understanding of this policy and outlined the appropriate steps to take in the event of any suspicions or any allegation of abuse being made. Training on the protection of vulnerable adults had been provided for all staff. All residents spoken to said that they felt safe and secure in the centre and said they could speak openly to the person in charge if they had any concerns.

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):

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

Findings:

Inspectors found that procedures were in place to promote the health and safety of residents, staff and visitors; however, improvements were required in the area of mandatory training for fire safety.

There was a risk management policy which addressed all the risks specified in the Regulations as well as the centre specific procedures in place for the identification and management of risk. There was a safety statement in place and the associated risk register outlined the controls in place to manage areas of risk such as the fire and infection control. There were minutes in place to show that issues regarding health and safety were discussed at regularly at staff meetings.

Inspectors reviewed fire safety procedures and associated records. Fire orders were prominently displayed and fire exits were unobstructed. The 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 fire safety training had taken place for the staff most recently in July 2014 and records were also in place to show that fire drills took place on a regular basis. However, inspectors were concerned that a number of the nursing staff had not attended this training. The provider was observed making plans to provide this training for one of the staff members for the day after the inspection.

Inspectors also reviewed the records with regard to servicing of fire safety and prevention 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 in-house checks on fire safety was also in place and was carried out on a daily basis.

Residents' moving and handling assessments were routinely assessed and instructions for assisting residents were included in the care planning documentation. However, inspectors noted that a number of staff had not attended up-to-date moving and handling training. The provider and person in charge undertook to address this.

Systems were in place for the recording and learning from accidents, incidents and near misses. Detailed records of all accidents were maintained and the form included a section on learning outcomes and a corrective action record was completed. All

accidents and incidents were reviewed by the person in charge or senior nurse and discussed with the staff in order to identify any further interventions to prevent reoccurrence.

There was an infection control procedure in place and the inspector found that the infections control issues identified at the previous inspection had now been addressed. Nursing staff and care assistants were observed following correct hand hygiene and all staff had access to gloves, hand gels and aprons. Staff members had received training in infection control and were knowledgeable about the procedures to follow to prevent the spread of infection.

The centre had an emergency plan in place which provided information to guide staff on the procedures to follow in the event of evacuation and foreseeable emergencies such as loss of heat and power. The plan provided detailed information with regard to evacuation procedures and alternative accommodation.

Improved safety arrangements had been implemented for residents who smoked since the previous inspection. A new external smoking area had been provided and inspectors observed that smoking aprons and fire blanket were provided in this area. The inspector saw that residents who smoked had a risk assessment carried out in order to determine any supervision or safety requirements which they required.

Judgment:

Non Compliant - Moderate

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:

Inspectors were satisfied that each resident was protected by the designated centre's policies and procedures for medication management.

Having reviewed prescription and administration records, procedures for the storage of medication including those requiring refrigeration and procedures for the management of medications that required strict controls, inspectors were satisfied that appropriate medication management practices were in place guided by a comprehensive policy.

Staff had received training and regular staff competency assessments in medication were conducted to ensure compliance with the centre's policy and any discrepancies were rectified immediately. Written evidence was available that three-monthly reviews

were carried out.

Judgment:
Compliant

Outcome 10: Notification of Incidents

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

Theme:
Safe care and support

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

No actions were required from the previous inspection.

Findings:

Practice in relation to notifications of incidents was satisfactory. The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents as set out in the Regulations. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

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):

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

Findings:

Inspectors were satisfied that each resident's wellbeing and welfare was maintained by a high standard of evidence-based nursing care and healthcare. Improvement was required with regard to the provision of meaningful activities for residents. Access to allied health professionals was not satisfactory for all residents.

The arrangements to meet each resident's assessed needs were set out in an individual care plan with evidence of resident or relative involvement at development and review.

Inspectors reviewed the management of clinical issues such as wound care, nutritional care, falls management, dementia and the use of restraint and found they were in accordance with evidence based practices and guided by the centre's policies. Residents had good access to GP services and to services such as the dietician, chiropody and the dentist. There was good access to the psychiatry team for those residents who required this and inspectors spoke to members of this team, including the consultant psychiatrist, who described the service which they provided and the support structure available to some of the residents. The action from the previous inspection relating to the management of behaviours that challenge had been addressed and additional staff training had been provided in this area.

Inspectors had concerns that a resident who spent most of time in bed did not have access to the required allied health professionals and equipment to promote the wellbeing of the resident. Staff reported that the resident spent most of the time in bed because the resident was at risk from falling from the chair. The resident had been reviewed by the occupational therapist (OT) in 2012 with regard to seating arrangements. However, there had been no follow up with the OT, when interventions recommended, had not been successful. Inspectors found that no alternative plan had been put in place and as a result the resident was at risk of social isolation due to being in bed for prolonged periods.

An activities coordinator was in the centre on three days each week and other staff members were responsible for coordinating activities on the remaining days. While residents had opportunities to participate in activities such as bingo, music and outings, inspectors were not satisfied that the programme met the needs of all residents. There was a lack of interesting things for residents to do for long periods on the day of inspection. Inspectors found that while social assessments were carried out the activities programme was not based on these assessments. Inspectors also found that sufficient action was not taken where residents had expressed an interest in certain activities, for example, going to the cinema. The provider and person in charge undertook to address this area as a priority. One on one activities and specialist communication activities were organised for residents who had dementia.

Judgment:

Non Compliant - Moderate

Outcome 12: Safe and Suitable Premises

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

Theme:

Effective care and support

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

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

Findings:

Inspectors found that some aspects of the physical environment did not meet the needs of the residents and the requirements of the Authority's Standards.

There were four multi-occupancy bedrooms which did not meet the requirements of the Standards as they accommodated more than two persons. One bedroom accommodated four beds while the remaining three were for three persons. Inspectors visited each of these bedrooms and found that they did not afford adequate personal space and privacy to residents. None of these rooms were en suite while toilet and bathing facilities were not located on the same floor as these bedrooms. The centre was not suitably adapted for older persons with changing mobility needs. While a stair lift was provided to the first floor, inspectors noted that toilet and bathing facilities for the first floor, were located on the first floor return, and were accessed by means of two steps and therefore did not afford independence and autonomy to residents with restricted mobility. Two single bedrooms were also accessed by means of the same two steps. A sufficient number of toilets and bathing facilities were provided, however, inspectors were concerned that the only wheel chair accessible toilet and shower facility was not conveniently located near residents' bedrooms.

The provider had consulted an engineer and plans had been drawn up to address the above matters by providing additional single bedrooms and installing a full passenger lift. However, inspectors noted that the plans had not been developed in line with the Authority's Standards. For example, the proposed new bedrooms were not en suite and provision was not made for toilet facilities on all floors where bedrooms were located. In addition to this there was no planning permission or plan in place for remedial works to be carried out in advance of the date set out in the Authority's Standards.

There was satisfactory communal space for residents. There was a large open plan sitting room, a separate dining room and a quiet sitting room which opened directly out into the garden area. Grab rails and hand rails were provided in all communal areas. The premises has been improved since the previous inspection through the provision of a designated clinical room where residents could be seen by the GP and other allied health professionals in private.

A safe and secure garden was available and was directly accessible to residents. Garden furniture was provided and a number of residents stated that they enjoyed sitting in this area. The garden area was attractively laid out and well maintained.

Appropriate assistive equipment was provided to meets residents' needs such as a hoist, seating, specialised beds and mattresses. The inspector viewed the servicing records and maintenance records for equipment and found they were up-to-date. A chair lift was in place to service all floors in the centre and records were available to show that it was regularly serviced.

Appropriate arrangements were in place for the disposal of clinical waste and a separate, locked clinical waste bin was provided. A satisfactory sluice room was also

provided and this room contained a bed pan washer, sluice sink and wash hand basin. A separate cleaning room with wash hand basin and sluice sink was also available.

A satisfactory standard of hygiene and cleanliness was maintained in the centre. Cleaning staff were working in an unobtrusive manner which did not disturb residents. Cleaning equipment was appropriately stored. Inspectors visited the laundry area and found that suitable equipment and procedures were in place to facilitate infection control.

Judgment:

Non Compliant - Moderate

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

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

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

Findings:

Practice in relation to complaints management was satisfactory.

The procedure for complaints was displayed in the entrance hall and it clearly 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 comprehensive centre-specific policy in place which provided clear guidance to staff. The person in charge and the provider demonstrated a positive attitude towards complaints. The complaints log recorded details of any complaints made. The complainant's level of satisfaction with the outcome of a complaint investigation was recorded in accordance with the requirements of the Regulation. Residents and relatives said that they felt comfortable making a complaint and stated that all feedback was welcomed by the person in charge.

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:

Inspectors found evidence that end of life care was appropriately managed.

The person in charge had undertaken a review of this area in advance of this inspection in order to identify any areas for improvement. In response to this the person in charge had introduced additional assessments and documentation. She had also sourced and organised a special drape for place over the resident after death. Appropriate bags for the return of residents' possessions after a death were also being provided. There was a comprehensive policy on end-of-life care which was detailed and centre specific. End of life care assessments and plans were developed for residents. There was good consultation with residents with regard to the development of these plans and there was an emphasis on meeting the spiritual needs of residents. Residents' preferences with regard to end of life were recorded by the nursing staff.

Some staff members had been provided with training and experience in end of life care and the centre was planning to facilitate further training in this area for the staff. The nursing staff stated that the centre maintained strong links with the local palliative care team and all were very aware of how to initiate contact with the service.

The person in charge stated that the residents had access to a priest or other religious ministers as required and residents spoken to by the inspector confirmed this.

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:

Inspectors were satisfied that residents received a varied and nutritious diet that offered choice.

Inspectors observed the main meal and spoke to residents who stated they were happy with the food on offer. The food provided was hot and attractively presented. A three weekly menu cycle was in place to offer variety. Residents had a choice at each meal

time and individual preferences were readily accommodated. The staff monitored the meal times closely and appropriate assistance was available to those residents who required this.

Inspectors saw residents being offered a variety of drinks throughout the day. Residents stated that they could request additional snacks or drinks if they were feeling hungry and could also request this for their visitors.

Regular nutritional assessments were carried out by the nursing staff in order to identify any resident who was at risk of poor nutrition or losing weight. Appropriate care plans were drawn up for residents who were identified as being at risk. There was good access to the dietician and the SALT for those residents who required this. The recommendations from these professionals were included in the care plans.

The inspectors visited the kitchen and found that it was maintained in a clean and hygienic condition with ample supplies of fresh and frozen food. A documented system was in place to communicate residents' dietary requirements and preferences to catering staff. Some had swallowing difficulties and these residents were provided with modified consistency diets which were attractively presented.

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):

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

Findings:

There was evidence that staff respected the resident's privacy and dignity and residents were consulted with regard to the operation of the centre.

Residents' religious and spiritual beliefs were respected and supported. Improved arrangements were in place for residents to assess a religious minister of their choosing since the previous inspection. A monthly mass took place in the centre and some residents were involved in the organising of this service. Staff could contact the local priest when required and ministers from other religious denominations visited as required.

Staff members were observed knocking on bedroom, toilet and bathroom doors and waiting for permission to enter. Residents were dressed well and according to their individual choice. Inspectors observed staff interacting with residents in a courteous manner and addressing them by their preferred name throughout the inspection.

Monthly residents' committee meetings were held. Minutes for each of these meetings were recorded and inspectors saw that issues raised by the residents were generally acted upon, however, as highlighted under outcome 11, improvement was needed with regard to providing activities which residents wanted.

The person in charge had made arrangements for residents to vote in local and national elections. The person in charge ensured that residents were registered to vote, where they wished to do so and also facilitated residents to go out to vote.

Residents were encouraged to maintain links with the local community. Residents stated that their visitors were made feel welcome at any time. Many residents were supported to leave the centre independently and visit family and friends and go on holiday. There were good advocacy systems in place. An independent advocate visited the centre regularly and members of the psychiatric team also advocated on behalf of the residents as part of their role. Residents had access to news papers and television was provided in each bedroom. Internet access was also provided.

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:

Inspectors found that adequate provision had been made for the management of residents' personal possessions.

There was sufficient storage space for residents in their bedrooms. Additional storage space was provided on request and all residents had access to lockable storage in their rooms. Residents and relatives stated that there was adequate personal storage space.

The inspector visited the laundry and found that it was well organised and appropriate equipment was provided. Since the previous inspection the provider had put a contract in place for residents clothing to be laundered by an external company. Inspectors found

that this system was working effectively. Clothing was discretely labelled in order to minimise the potential for lost clothing. Residents and relatives stated that they were satisfied with the laundry service provided.

A list of personal property and possessions was maintained for each resident. The inspector saw that this list was regularly reviewed and kept up to date.

Judgment:

Compliant

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):

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 the day of the inspection and referred to the rosters and found evidence of good practice. Nursing cover was provided 24 hours each day. The person in charge based staffing levels on the assessed dependencies of the residents and changes to the roster were made in response to changes in residents' needs. As highlighted under outcome 4, the provider had improved the skill mix available in the centre through the employment of an RPN on the team. This matter had been highlighted at the previous inspection as an area of improvement.

There was a comprehensive written operational staff recruitment policy in place. A sample of staff files was reviewed and the inspector noted that the required documentation was in place in line with the requirements of Schedule 2 of the Regulations. The inspector requested the an Bord Altranais agus Cnáimhseachais na hÉireann registration numbers for all nursing staff and found that all were in place. However, inspectors were concerned that a number of volunteers who regularly visited the centre did not have the required Garda vetting and documentation in place. The provider took action to address this at time of inspection and evidence of this requirement was forwarded to inspectors.

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. The records showed that a range of training had been recently provided for staff and this included nutrition, palliative care, behaviours that challenge and cardio pulmonary resuscitation (CPR) training. Staff appraisals were carried out and used to identify training needs and support staff.

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Donore Nursing Home
Centre ID:	OSV-0000032
Date of inspection:	30/09/2014
Date of response:	16/10/2014

Requirements

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

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

Outcome 03: Information for residents

Theme:

Governance, Leadership and Management

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

The contracts of care did not include details of all fees which the residents were liable for.

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

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

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 are aware of this and reviewed our contract of care outlining the additional fees charged for other services and will be issued to the residents. See the attached contract of care.

Proposed Timescale: 01/11/2014

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

A number of staff members had not been provided with the required training in fire safety.

Action Required:

Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

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

Fire training has been provided to all staff members who are on the duty roster.

Proposed Timescale: 01/10/2014

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:

Sufficient steps were not taken to meet the social care needs and ensure that residents had opportunities for meaningful social engagement.

Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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

New programmes of activities are being implemented to ensure that residents are able

to exercise their choice as much as possible to enhance their quality of life.

Proposed Timescale: 05/10/2014

Theme:

Effective care and support

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

It was not demonstrated that there was sufficient access to the appropriate allied health care for a resident who required this.

Action Required:

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

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

We have contacted an Occupational therapist to do a new seating assessment for some residents to improve their social relationship and social contacts and to promote the sense of community.

Proposed Timescale: 20/10/2014

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:

The multi occupancy bed rooms did not meet the needs of the residents for privacy and dignity. All parts of the premises were not accessible. Toilet and bathing facilities were not located close to residents' bedrooms.

Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

We have consulted with the architect and have plans in place to meet the requirements of the regulations and standards.
See the attached plan.

Proposed Timescale: 30/04/2015