

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Dunabbey House
Centre ID:	OSV-0000590
Centre address:	Dungarvan, Waterford.
Telephone number:	058 20991
Email address:	paula.french@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Barbara Murphy
Lead inspector:	Mairead Harrington
Support inspector(s):	Caroline Connelly;
Type of inspection	Announced
Number of residents on the date of inspection:	28
Number of vacancies on the date of inspection:	2

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

From:	To:
02 December 2014 09:30	02 December 2014 18:30
03 December 2014 09:00	03 December 2014 17:00

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 was an announced inspection following an application by Dunabbey House, in accordance with statutory requirements, for re-registration of a designated centre. As part of the inspection the inspectors met with residents, the nominated provider, the person in charge, the assistant directors of nursing, nurses, relatives and other staff members. The inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. The documentation submitted by the providers as part of the renewal process was submitted in a timely and ordered manner.

Previous inspection findings were generally satisfactory; where regulatory non-

compliances had been identified the provider and person in charge demonstrated a willingness and capacity to implement the required improvements. These included updating the risk management policy and reviewing the complaints procedure. The last inspection was undertaken on 13 February 2014 and the report, including the provider's response to the action plan, can be found on www.hiqa.ie.

The findings of the inspection are set out under 18 outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. The inspectors were satisfied that residents had access to the services of a general practitioner (GP) and other healthcare professionals on a regular basis. There was a variety of choice for residents in their day-to-day living with personal preferences accommodated as requested. A regular routine of daily supervised activities was in place and undertaken by a dedicated activity coordinator.

Overall the inspection findings were satisfactory and where there were actions from previous inspections they had been addressed. The inspectors were satisfied that the centre was compliant with the conditions of registration granted. Areas for improvement were identified in relation to documentation, safeguarding and safety, risk management, medications management and privacy and dignity. These issues are covered in more detail in the body 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):

No actions were required from the previous inspection.

Findings:

The inspector reviewed the statement of purpose and found that it complied with all the requirements of Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). A copy of the statement of purpose was readily available for reference.

It consisted of a statement of the aims, objectives and ethos of the centre and summarised the facilities available and services provided. The person in charge confirmed that the statement of purpose was kept 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:

The inspectors were satisfied that there were sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. The person in charge held a full-time post with responsibility for three centres supported by four assistant directors of nursing across the three centres.

Overall the governance structure was supportive of both senior staff, and the person in

charge, with adequate communication systems in place. Management meetings were held on a monthly basis with records of the last meeting dated 24 November 2014 available for reference. Minutes of regular staff meetings were also seen. Systems to assess the quality of life and safety of care included committees to consider the review of audits on areas such as activities, pressure sores, falls, hand hygiene and medication. General management meetings, chaired by the provider, were held bi-monthly and attended by all four ADONs and the person in charge. .

Inspectors noted a residents' committee met regularly and minutes of these meetings indicated actions were taken in response to issues identified, such as premises for example. Residents had access to an advocacy service and nominated advocates had received appropriate training in this area. Advocates met with residents on a three monthly basis and mechanisms for feedback were in place.

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:

A guide outlining the services and facilities of the centre was available to residents. The inspector reviewed a sample of resident contracts which included details of the overall fees to be paid and services to be provided in relation to care and welfare. The contracts reviewed were dated and had been signed by the resident.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge held a full-time post and was a registered nurse with the required

experience in the area of nursing older people. A clear reporting system was in place with the person in charge reporting to the provider. Two assistant directors of nursing (ADONs) reported to the person in charge. In the event of the person in charge being absent the provider and both ADONs were available to deputise as required. Residents and staff spoken with could identify the person in charge and understood that the role carried responsibility and accountability for the service and that issues and concerns could be addressed to the person in charge for action if necessary. In the course of the inspection the person in charge demonstrated a satisfactory knowledge and understanding of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. The person in charge also understood the regulatory responsibilities associated with the role and demonstrated an on-going commitment to compliance with the statutory requirements.

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:

Overall the maintenance of records was adequate though access to a number of documents required in relation to Schedule 5 of the Regulations was confined to an office that was not in general use; this was not appropriate for the storage of working documents or in keeping with statutory requirements around availability to staff. Also, several items required in accordance with the regulations, such as maintenance certificates and the register of fire drills, could not be produced on the day and were provided to the inspector subsequent to the inspection.

Up-to-date, site-specific policies were in place for a substantial number of items detailed at Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. However, in some instances only national guidelines, some of which were out-of-date, were available for reference. For example, there was no specific policy on the creation of, access to, or retention and destruction of records, with reference made only to guidelines on Data Protection and Freedom of Information. Similarly, national guidelines were also available for reference where no site-specific policy was in place for the management of challenging behaviour or use of

restraint. Staff spoken with were able to demonstrate a satisfactory understanding of the policies discussed and their application in practice; for example procedures in relation to the safeguarding and safety of residents and the appropriate responses to emergencies including fire and evacuation procedures. Also, the medication management policy did not provide directions in relation to procedures around the administration of 'pro re nata' medicines (PRN medication - administered as required).

Records checked against Schedule 2, in respect of documents to be held in relation to members of staff, were in keeping with requirements including appropriate Garda Vetting and contracts for volunteers. Other records to be maintained by a centre such as a complaints log, records of notifications and a directory of visitors were also available.

Resident records checked were complete and contained information as detailed in Schedule 3, including care plans, assessments, medical notes and nursing records. The directory of residents was maintained and up-dated appropriately though it did not provide information on the gender or marital status of residents and GP contact details were stored separately.

Policies, procedures and guidelines in relation to risk management were up-to-date and available as required by the regulations, including fire procedures, emergency plans and records of fire training and drills.

A current insurance policy was available verifying that the centre was adequately insured against accidents or injury to residents, staff and visitors.

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 designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

Both the provider and person in charge understood the statutory requirements in relation to the timely notification of any instances of absence by the person in charge that exceed 28 days; and also the appropriate arrangements for management of the designated centre during such an 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):

No actions were required from the previous inspection.

Findings:

A policy was in place for the management of residents' personal belongings and valuables dated 8 July 2013 and appropriate procedures were in place to safeguard this process including the secure storage of valuables. Where the centre operated as agent for residents transactions were recorded and signed and documentation was maintained in an appropriate manner. Where the centre had responsibility for a resident's finances the records were managed appropriately with suitable checks and processes in place to ensure accurate monitoring and control. Receipts were maintained and records were double signed. On review of documentation the cash balance retained reconciled with recorded transactions.

Staff spoken with understood what constituted abuse and, in the event of such an allegation or incident, were clear on the procedure for reporting the information. There was a policy on, and procedures in place for, the prevention, detection and response to abuse dated 8 July 2013 which was comprehensive and included directions in the event of peer-on-peer abuse and other instances that might involve visitors and persons in a position of trust. The training matrix indicated training in this area was on-going with "Trust in Care" training last delivered on 27 November 2014. However, some staff had not received updated training within the required two year time frame.

Residents spoken with stated they felt safe in the centre and were clear on who was in charge and who they could go to should they have any concerns they wished to raise. There was no record of any allegations of abuse having been reported.

National guidelines were referenced in place of a policy or procedure on managing challenging behaviour and the use of restraint - action in this regard is recorded against outcome 5 on documentation. The centre promoted a restraint free environment and on the day of inspection no restraints such as bed-rails or lap-belts were in use. Training in the use of restraint was available to staff and a programme had been delivered on 19 May 2014.

Judgment:

Non Compliant - Moderate

Outcome 08: Health and Safety and Risk Management

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

Theme:

Safe care and support

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

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

Findings:

The risk management policy had been revised and was current but its content did not fully reflect the regulatory requirements in that it did not reference the measures or controls in relation to abuse, aggression and violence or accidental injury to visitors, residents or staff.

A policy on responding to emergencies was in place dated June 2013. Signage throughout the centre was clear in relation to evacuation procedures with exits clearly marked. Fire fighting equipment was readily accessible and had been serviced in April of this year. Personal emergency plans were in place for individual residents with mobility levels denoted using a colour coded 'traffic light' system.

A health and safety statement was in place dated 1 October 2014 which covered a number of areas including hand hygiene, incident reporting and aggression and violence. As part of the continuous monitoring of safety of services a health and safety committee met regularly and minutes of these meetings were seen from 15 May and 22 August 2014. Actions, and those responsible for their completion, were agreed in relation to issues identified.

A fire safety register was in place which demonstrated that daily, weekly and monthly checks were completed to ensure fire safety precautions. This included regular checks of fire prevention and response equipment such as emergency lighting and extinguishers. A fire drill check-list was in use and drill scenarios had been completed in June and July of this year though documentation on this was not available on the day and was subsequently provided. Suitable fire equipment was available throughout the centre which was regularly serviced though certification to this effect was also not available on the day and was subsequently provided. Actions in respect of these findings are noted against outcome 5 on documentation. Fire training for all staff was up-to-date with the most recent delivery in September 2013.

Adequate measures were in place to prevent accidents on the premises such as grab-rails in toilets and hand rails along corridors. Call bells were fitted in all rooms where required. Emergency exits were clearly marked and unobstructed.

The inspectors spoke with housekeeping staff and saw evidence of a regular cleaning routine and practices that protected against cross contamination including the use of a colour coded cleaning system. Infection control training had been provided during February and March of this year. Sluice rooms and bathrooms were appropriately

equipped and secure with hazardous substances appropriately stored. Good infection control practices were observed with staff utilising personal protective equipment appropriately and regular use of sanitising hand-gel which was readily accessible.

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:

Site specific, written operational policies and procedures were in place for the safe ordering, prescribing, storing and administration of medicines to residents.

Staff were appropriately trained in medication management with training delivered on 24 November 2011 and on-going informal education sessions provided by the pharmacist. A system was in place for reviewing and monitoring safe medication management practices with an administration audit dated 21 November 2014.

Medication administration sheets contained the signature of the nurse administering the medication and prescription sheets contained the necessary biographical information including a photograph, name, dosage and route of administration. There was adequate space to include comments in instances where residents refused medication or it was withheld. Staff observed administering medication did so in accordance with best practice though, in one instance, a resident was provided with a 'pro re nata' (PRN) medication when leaving the centre, to self-administer at a later time, and this practice was not reflected in the centre's policy. Action on this finding is recorded against outcome 5 on documentation. A documented procedure and process was also in place for recording and reviewing medication errors.

Procedures and practice in relation to the storage of medication were in keeping with policy, current guidelines and legislation and included suitably secure storage in the case of controlled drugs. However, on the day of inspection there was one instance where medication intended for a resident was left unattended in an area of unrestricted access. Also, during one medication round that was observed by the inspector, a medication trolley was left unlocked and unattended which was not in keeping with practice as described in the centre's policy.

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 all incidents occurring at the designated centre was maintained with notifications submitted to the Chief Inspector in accordance with the Regulations. A quarterly report was also provided to the authority as required.

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:

Current and site-specific policies and procedures were in place in relation to the care and welfare of residents. The inspector reviewed a selection of care plans and saw evidence of a pre-admission assessment undertaken for all residents. On admission activities of daily living such as mobility, cognition, nutrition and communication were assessed. There was evidence that care plans were reviewed on a quarterly basis or as assessed needs required, or on request by the resident and family. Residents spoken with indicated that they were consulted with, and participated in, communication and decisions around healthy living choices including care plans, daily activities and personal preferences such as food and when or where they took their meals.

A medical practitioner attended the centre regularly and residents had the option to retain the services of their own GP or pharmacist. A multi-disciplinary team providing services for speech and language, physiotherapy and audiology was available. Other allied healthcare services available included a dietician who attended weekly and an occupational therapist accessible on referral. Care plans that were reviewed contained recorded assessments using standardised tools where appropriate and referrals based

on these assessments were made in a timely manner. Documentation and correspondence around discharges and transfers, including records of medication, were complete and accessible.

Staff and management at the centre demonstrated an active commitment to person-centred care. There was an on-going audit and training programme around issues such as falls management. An assistant director of nursing was responsible for practice development such as the identification of training needs in relation to areas such as medication management and care plans and the development and delivery of a training programme to meet the needs identified. A system to monitor staff attendance at training and a review of their learning through feedback was also in place. Care plans were individualised and staff spoken with had a well developed knowledge and understanding of the needs and personal circumstances around individual residents.

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 single-storey building was purpose built in 1974, of sound construction and maintained in good order. The design and layout of the premises was appropriate to meet the needs of residents and was in keeping with the centre's statement of purpose.

There was adequate communal space in which residents could socialise and engage in activities. The premises was well decorated and residents' rooms were personalised with photographs and individual belongings. Residents' rooms were spacious enough to permit ease of movement, including the use of assistive equipment, with adequate storage for belongings including secure storage for personal items and valuables. In one instance a screen could not fully extend around the bed of a resident and action on this finding is recorded against outcome 16 on privacy and dignity.

Accommodation was available to receive visitors both communally and in private with a designated 'quiet room' also available. Residents had access to a small oratory for prayer services. Circulation areas such as corridors were well equipped with hand rails and some had the facility of window seating at regular intervals. All were adequately wide and free of obstructions to allow ease of access for residents. Staff had a separate area for changing and storage. Heating, lighting and ventilation was adequate to the

layout of the premises with a separate kitchen area appropriately equipped for the size and occupancy of the centre. A sufficient number of toilets, with appropriate access and call systems, were available. Where assistive equipment was in use staff were observed to utilise appropriate techniques accordingly. Equipment was maintained in good working order and certification to verify that maintenance was up-to-date was made available for reference. The centre retained the services of a maintenance officer and documentation reviewed indicated that regular maintenance was conducted with any repairs also recorded.

The grounds were well laid out with ample parking available and a clearly identified fire assembly point. Residents had access to outside space in the form of a secure courtyard which was wheelchair accessible with seating also provided.

Judgment:

Compliant

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:

A centre-specific complaints policy was in place dated 30 August 2014 which identified the person in charge as the nominated complaints officer and also provided information on an independent appeals process and referral to the office of the Ombudsman. The complaints procedure was summarised in both the statement of purpose and the Resident's Guide. Information for residents and visitors on how to make a complaint was clearly on display at the centre. Information was also available on the rights of residents and visitors and providing the contact details of advocacy agencies. Two designated advocates were available at the centre who met with residents on a regular basis; a mechanism was also in place for the provision of feedback from these meetings.

The centre referenced the Health Service Executive (HSE) national complaint document "Your Service Your Say" to support its procedures. Residents spoken with stated that they understood the process for raising concerns and were satisfied with service at the centre and did not have any issues or complaints. When asked, residents regularly identified the person in charge as the appropriate responsible person to go to with complaints. The person in charge stated that as issues were identified they were addressed on an on-going basis. The inspector reviewed the complaint log and verified that where complaints had been recorded appropriate actions were taken and records of improvements implemented were maintained.

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:

There were written operational policies and protocols in place around end-of-life care which included reference to sudden or unexpected death. The residents' guide and statement of purpose outlined the circumstances in relation to the delivery of nursing care. Where the needs of a resident changed provisions were in place for the appropriate assessment and transfer to an affiliated local centre where suitable nursing care, including palliative care, could be provided. The person in charge confirmed that where such circumstances arose prime consideration was given to the expressed wishes of the resident. For example, at the time of inspection a resident assessed as requiring specialist care had elected to remain at the centre and staff and management had ensured provisions for appropriate care had been put in place to facilitate this request, including input by the specialist palliative care service.

Procedures were in place to ensure the observation of dignity and privacy in the event of a death including the provision of a private room and appropriate consideration of other residents. Facilities were available to accommodate families with hospitality and privacy. Care plans reviewed by the inspector included a record of discussion with residents, at time of admission, in relation to activities of daily living which included consideration of particular wishes around death and any associated requests for religious observances.

The policy also outlined procedures around verification and certification following the death of a resident and the management and return of personal belongings was covered under a separate policy on personal possessions.

Specific training around end of life care was available with training last delivered on 28 October 2014 and training on "What matters to me" scheduled for 17 and 18 December. Staff spoken with were competent to deliver care appropriate to the needs of the resident profile and demonstrated an awareness of the need to provide residents with an opportunity to discuss and express their personal wishes should there be a change in the circumstances of their health. On the day of inspection a memorial candle service was being held at the centre and residents were heard to remark very positively on the experience and being able to participate in such an event.

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:

A site-specific policy on the management of hydration and nutrition was in place dated 21 July 2014. The policy provided directions on the assessment, monitoring and documentation of residents' nutritional and fluid intake and also guidance on procedures for the recording of this information in resident care plans. The dietary requirements of residents were assessed through the use of evidence based tools with suitable practices in place to ensure needs in relation to nutrition and hydration were monitored and appropriately met.

The inspector reviewed a number of care plans and noted that residents' food, nutrition and hydration needs were comprehensively assessed on admission. Information from assessments at time of admission formed the basis of a resident's care plan for on-going review through the regular monitoring of weight and the use of a specified nutritional assessment tool where necessary. Care plans reviewed included those of residents experiencing weight loss. Referrals to allied healthcare professionals, such as a physiotherapist and speech and language therapist, were recorded appropriately and occurred in a timely manner. Where healthcare professionals had made recommendations, such as fortified diets or nutritional supplements, these were recorded in prescriptions and administered by appropriately trained staff.

The main dining area was bright and easily accessible with tables set for individuals and groups. Residents could exercise choice around where and when they took their meals. Staffing levels were appropriate with care staff available to provide assistance with eating for residents as required. Staff had a good understanding of residents' likes and dislikes and were attentive throughout service checking meal temperatures and individual preferences. Drinks were available during the meal including milk and water. The inspector observed lunch service and noted that residents were provided with the meals of their choice which were freshly prepared, nutritious in content and appetising in presentation. Portion sizes were also appropriate. Light snacks were available throughout the day. Water was readily available and seen to be regularly on offer by staff. A dietician was available to the centre who attended regularly on a fortnightly basis and was in the process of an audit of menus at the time of inspection.

The inspector spoke with the chef and kitchen staff who were appropriately trained in food hygiene and handling. A system was in place to ensure that kitchen staff were aware of the dietary needs and preferences of residents and were updated of changes accordingly. A catering and household committee was in place that held meetings on a

2-3 monthly basis. The kitchen facilities were in keeping with the requirements of the size and occupancy of the centre and an environmental health report was made available to the inspector on the day. The inspector spoke with residents who attended regular resident meetings and said that they were satisfied with the food quality and choice. Residents spoken with were complimentary about their experience of the centre.

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:

The ethos of the centre was described in the statement of purpose as one of " shared decision making by residents, families and carers in a homely setting where each persons' uniqueness and right of choice is valued". The inspectors found that this ethos was actively promoted by management in the development of policy and by staff in their implementation of policy in the course of daily practice. This was illustrated by the level of personal knowledge staff had in relation to residents needs and preferences and also the manner in which autonomy and decision making around personal affairs was promoted with access to resources, including legal advice, facilitated in the conduct of personal affairs. Overall, the atmosphere of the centre was relaxed and homely. There was a good level of visitor activity throughout the days of inspection with a music session on the second day that attracted significant attendance from both residents and members of the local community. Residents had access to a small oratory for prayer services.

The person in charge, and staff, were known to visitors and those spoken with reported positively on their experience of visiting the centre. Accommodation was available to receive visitors both communally and in private with a designated 'quiet room' also available. As outlined in outcome 12 on premises there was one instance where a screen could not extend around the bed of a resident thereby not fully protecting the privacy of the resident.

The centre was suitably resourced with adequate daily entertainment and leisure facilities such TV, radio, newspapers and magazines. A dedicated activities co-ordinator was available to the centre who initiated and supervised a range of activities and outings. A residents' forum was held regularly and minutes indicated that residents were also involved in some of the programmes initiated by the centre. For example, the

activities co-ordinator was driving an initiative to purchase a wheelchair accessible vehicle and residents had been actively involved in the fundraising process.

Care plans reviewed gave good examples of person-centred care with personal preferences clearly documented and seen to be observed in the conduct of daily activities, such as a resident's preference for a particular mug or dish at mealtimes for example.

The inspectors spoke to a number of residents who all reported that they were happy with the staff and the care they received.

Judgment:

Non Compliant - Minor

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:

A site-specific policy dated 8 July 2013 was in place in relation to residents' personal property and possessions. Arrangements were in place whereby all linen and clothing, with the exception of delicates such as woollen garments, were transported off-site for laundering. A system was in place to ensure the safe return of residents' belongings. Suitable arrangements were made on-site for the laundering and return of personal items such as delicate woollens. Staff spoken with understood the requirements of infection control in relation to the segregation of contaminated items and the use of alginate (water-soluble) bags to isolate such items. Staff also understood good hygiene practice and were able to demonstrate why colour coded systems of cleaning were in place and how they were effective.

The inspectors noted that residents' rooms were suitably personalised with belongings and photographs. There was adequate storage for clothing and personal belongings in the residents' rooms with lockable storage also available for each resident.

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):

No actions were required from the previous inspection.

Findings:

The inspector reviewed the staff rota and was satisfied that the staff numbers and skill mix were appropriate to meet the needs of the residents having consideration for the size and layout of the centre. The system of supervision was directed through the person in charge and senior nursing staff, including two assistant directors of nursing, with operational management issues discussed at team meetings. The qualifications of senior nursing staff, and their levels of staffing, ensured an adequate level of appropriate supervision.

Staff were appropriately trained in mandatory areas - an exception in relation to safeguarding and safety is already recorded for action at outcome 6.

Inspectors reviewed recruitment and training records and procedures and spoke with staff and management in relation to both these systems. Recruitment and vetting procedures were robust and verified the qualifications, training and security backgrounds of all staff. Effective systems were in place which underlined learning from reviews and audits and further ensured staff were competent to deliver care in keeping with current evidence based practice. An assistant director of nursing was responsible for practice development and described a process whereby staff were enabled in relation to further training with access to continuous professional development facilitated by the provider and person in charge. Copies of the regulations and standards were readily available to staff – those spoken with were aware of the regulations and associated statutory duties in relation to the general welfare and protection of residents.

Garda vetting was in place for volunteer staff who were appropriately supervised and had their duties and responsibilities set out in a signed contract.

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:

Mairead Harrington
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:	Dunabbey House
Centre ID:	OSV-0000590
Date of inspection:	02/12/2014
Date of response:	16/01/2015

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 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

Up-to-date and site-specific policies were not available in relation to;

- (i) managing challenging behaviour,
- (ii) the use of restraint,
- (iii) the creation of, access to and retention and destruction of records.

Action Required:

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

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

The policies challenging behaviour and creation of access to and retention and destruction of records are completed

Restraint free policy is at present been updated in accordance to evidence best practice.

Proposed Timescale: 19/01/2015

Theme:

Governance, Leadership and Management

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

The medications management policy did not include directions on the use of 'pro re nata' medications.

Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

Medication management policy has been reviewed and updated

Plan in plan to roll out policy to all staff involved including General Practitioners Meeting with General Practitioners to ensure compliance with Regulations.

Proposed Timescale: 18/12/2014

Theme:

Governance, Leadership and Management

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

Policies and procedures as required by schedule 5 of the Regulations were not readily available to, or accessible, by staff.

Action Required:

Under Regulation 04(2) you are required to: Make the written policies and procedures referred to in regulation 4(1) available to staff.

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

All policies are now situated in main office of unit.

Proposed Timescale: 08/12/2014

Theme:

Governance, Leadership and Management

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

The Residents' Directory did not contain complete information in accordance with Schedule 3 of the Regulations.

Action Required:

Under Regulation 19(3) you are required to: Ensure the directory includes the information specified in paragraph (3) of Schedule 3.

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

The Directory now contains all information required under regulation 19(3).

Proposed Timescale: 08/12/2014

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

Not all staff had received up-to-date training in safeguarding and safety of residents.

Action Required:

Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

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

All staff received training.

Proposed Timescale: 15/12/2014

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:

The risk management policy did not reference the required measures or actions in place to control abuse.

Action Required:

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

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

Risk management policy has been updated in accordance with regulations 26(1) (c) (i)

Proposed Timescale: 17/12/2014

Theme:

Safe care and support

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

The risk management policy did not reference the required measures or actions in place to control accidental injury to residents, visitors or staff.

Action Required:

Under Regulation 26(1)(c)(iii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

Risk management policy has been updated in accordance with regulations 26(1) (c) (iii).

Proposed Timescale: 17/12/2014

Theme:

Safe care and support

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

The risk management policy did not reference the required measures or actions in place to control aggression and violence.

Action Required:

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

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

Risk management policy has been updated in accordance with regulations 26(1) (c) (iv).

Proposed Timescale: 17/12/2014

Outcome 09: Medication Management

Theme:

Safe care and support

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

Medications were not always securely stored in that
(i) a medications trolley was left unsecured and,
(ii) medications were left unattended in an unrestricted area.

Action Required:

Under Regulation 29(4) you are required to: Store all medicinal products dispensed or supplied to a resident securely at the centre.

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

Medication management policy has been reviewed and updated
Plan in plan to roll out policy to all staff involved
Medication management committee has been set up to improve compliances with policy.

Proposed Timescale: 18/12/2014

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

The screen around a resident's bed did not provide adequate protection for privacy.

Action Required:

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

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

The screen was replaced.

Proposed Timescale: 05/01/2015