

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	D'Alton Community Nursing Unit
Centre ID:	OSV-0000643
Centre address:	Claremorris, Mayo.
Telephone number:	094 936 2727
Email address:	teresa.loughnane@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Michael Fahey
Lead inspector:	Lorraine Egan
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	26
Number of vacancies on the date of inspection:	4

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make 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, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 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:
10 March 2015 10:00	10 March 2015 18:00
11 March 2015 07:30	11 March 2015 15:15

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

As part of the inspection, the inspector met with residents, staff, the person in charge and the provider nominee (hereafter called the provider). The inspector observed practices and reviewed documentation such as policies, care plans, medical records, audits, training records and staff files.

Prior to and following this inspection the inspector reviewed a number of questionnaires submitted by residents and their family members. The questionnaires outlined residents and their family members' satisfaction with the service provided.

Throughout the inspection, the person in charge demonstrated competency in

relation to her role and a commitment to providing a good quality service to residents. In addition, both the person in charge and the provider demonstrated knowledge of their requirements under the Regulations.

The feedback from families was one of satisfaction with and praise for the care provided and residents echoed these sentiments. Residents spoken with said they felt safe and were listened to. In addition, residents were complimentary of the food and of the staff working in the centre.

There was evidence of good practice in all areas of the centre. Required actions arising from a monitoring inspection in May 2013, a single issue inspection which focused on the management of medication in October 2014 and an inspection which focused on two outcomes, end of life care and food and nutrition, in November 2014 were followed up on this inspection.

The inspector found that improvements were required in relation to the provision of activities in the centre, the provision of emergency evacuation plans for all residents and improvements to documentation such as the provision of a risk management policy which met the requirements of the Regulations and amendments to the statement of purpose and directory of residents.

The findings are discussed in the report and the actions required are included in the action plan at the end of the report.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 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:

The statement of purpose accurately described the services provided but required minor changes to reflect Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. For example, the statement of purpose referenced the 2009 Regulations and did not include the arrangements for the management of the centre in the absence of the person in charge.

Judgment:

Substantially 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 that identified who was in charge, who was accountable and what the reporting structure was. The Director of Nursing was the person in charge of the centre and she reported to the provider nominee.

Management systems were in place to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. This included a system of auditing the service and three monthly reviews which had taken place until recently. The person in charge stated her intention to recommence the three monthly reviews and to use the information to compile an annual review of the quality and safety of care in the centre. The inspector viewed a sample of these three monthly reviews and found it was comprehensive and included findings and an action plan.

There was evidence of consultation with residents and the information compiled was shared with residents at resident meetings and with staff at staff meetings.

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:

There was a guide to the centre available to residents which included information regarding the services and facilities provided in the centre.

Each resident had a written contract. The inspector was told these contracts were agreed on the resident's admission to the centre.

The inspector viewed a sample of contracts and found the contracts dealt with the care and welfare of the resident in the centre, set out the services to be provided and set out the fees being charged to 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:

There was a full-time nurse in charge of the designated centre person. She was suitably qualified and had a minimum of three years experience in the area of nursing of the older person within the previous six years.

She demonstrated clinical knowledge and was knowledgeable of the legislation and her statutory responsibilities.

She was engaged in the governance, operational management and administration of the centre on a regular and consistent basis.

She was observed speaking with residents and it was evident residents knew her.

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):

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

Findings:

The inspector found that the centre was maintaining records so as to ensure completeness, accuracy and ease of retrieval.

All records required were made available to the inspector and all records viewed were kept up to date and were amended and reviewed as necessary.

The centre was adequately insured against accidents or injury to residents, staff and visitors.

The centre had the written operational policies as required by Schedule 5 of the Regulations. Staff demonstrated knowledge of the centre's policies and procedures.

The inspector reviewed a sample of staff files and found that the files contained all information required.

The inspector viewed the directory of residents and found it required improvement to meet the requirements of the Regulations. Residents' gender was not included in the directory and some entries did not detail the address of the resident's next of kin and/or the address of the resident's general practitioner (GP).

Judgment:

Substantially 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 person in charge had not been absent from the centre for a period which would require notifying the Authority. The provider was aware of his responsibility to notify the Authority in the event the person in charge would be absent for a period of 28 days or more.

The Clinical Nurse Manager II (CNM II) post was identified as the person who would undertake the person in charge role if the person in charge was absent from the centre for an extended period of time. This post was vacant as the CNM II had retired. The provider told the inspector that although this post had been advertised, and interviews had taken place, a suitable candidate had not been identified. The inspector was told post was being re-advertised and interviews would take place in April. The provider said he would inform the Authority of the outcome of this recruitment process.

In the interim the provider said the senior nurse on duty takes on the role of the day to day clinical management of the centre in the absence of the person in charge. The provider said that a Director of Nursing of one of the provider's other centres would be assigned responsibility for overseeing the centre if the person in charge was unexpectedly absent for a prolonged period of time.

The inspector met with one of the senior nurses in charge and found she was knowledgeable of her role and of her responsibility when she was taking charge of the centre in the absent of the person in charge.

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:

The centre had implemented measures to protect residents from being harmed or suffering abuse. The inspector was told there had been no allegations of abuse in the centre and this was verified in that no notifications had been received. Staff had received training in the prevention, detection and response to abuse.

There was a policy and procedures in place for responding to allegations of abuse and staff spoken with were knowledgeable of the types of abuse and of what to do if they witnessed abuse or received an allegation of abuse.

The person in charge and the provider were knowledgeable of the steps to be taken to ensure residents were protected. Residents spoken with said they felt safe and that they would speak with the person in charge or a staff member if they had any concerns.

There were systems in place to safeguard residents' money and valuables.

There was a policy in place for responding to behaviour that is challenging and a procedure for the use of restraint. Risk assessments on the use of restraints such as bedrails and lap belts had been carried out and the person in charge outlined ways in which the centre was trying to reduce the use of these restraints in the centre.

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:

The centre had policies and procedures in place in relation to health and safety. However, improvement was required to the risk management policy as it did not meet the requirements of the Regulations.

Risk assessments had taken place. These included environmental risks and risks relating to fire safety. Clinical risk assessments had been carried out by nursing staff and informed the plan of care for residents.

All staff had received training in moving and handling and the inspector observed good moving and handling practices in the centre.

Staff spoken with were knowledgeable of infection control procedures. The centre had measures in place to support residents who had infectious diseases.

Suitable fire equipment was provided and there was evidence it was serviced on an annual basis. Documentation viewed showed the fire alarm was serviced on a quarterly basis. Staff had received training in using the fire prevention equipment and in evacuating the building in the event of a fire. Staff had taken part in fire drills in the centre and records were maintained.

The procedure outlining the response to be taken in the event of a fire in the centre was displayed in a prominent position.

A comprehensive emergency plan was in place and staff nurses had signed to indicate they had read the plan. Individual resident evacuation plans had been implemented as part of the centre's risk assessment in regard to evacuating the centre in the event of an emergency. However, some improvement was required as two residents did not have an emergency evacuation plan in place. This was brought to the attention of the person in charge.

The risk management policy did not meet the requirements of the Regulations. This was brought to the attention of the person in charge who responded by compiling a draft of a risk management policy on the day of the inspection. The person in charge said all staff would be made aware of the policy and the measures to control the specified risks.

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):

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

Findings:

A single issue inspection focusing on the management of medication had taken place in October 2014. As part of this inspection the inspector followed up on the required actions relating to the single issue inspection.

The inspector viewed a sample of residents' medication records and found the centre had addressed the non compliances identified on the previous inspection.

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:

The inspector viewed the records of accidents and incidents in the centre and found that the centre was maintaining a record of all incidents in the centre which included the staff response to the incident and any further information where necessary. Incidents which required notification to the Authority had been notified 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):

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

Findings:

There was evidence that residents had access to allied health care as required and allied health care such as chiropody, occupational therapy, speech and language therapy, dental care and ophthalmology was provided.

The inspector viewed a sample of residents' care plans and saw that care plans were in place to ensure residents were supported in line with their assessed needs. Care plans included a daily report and a range of assessments relevant to the resident, for example risk of falls assessment, skin integrity assessments detailing the resident's risk of developing pressure ulcers, nutritional risk assessments, mobility and safety assessments and continence assessments. The assessments informed the development of care plans where required. There was evidence these assessments and care plans had been completed and reviewed by nursing staff. Residents' or their representatives participated in the review of the care plans.

As part of the required actions arising from the inspection in November 2014 the centre had arranged for a dental surgeon to attend the centre and provide dental reviews for residents.

Residents spoken with expressed satisfaction with the care and support provided in the centre. Questionnaires completed by residents and their relatives reviewed prior to and following the inspection echoed these sentiments.

Improvement was required to the provision of activities in the centre. This is discussed further under Outcome 16: Residents' Rights, Dignity and Consultation.

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):

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

Findings:

The centre was undergoing structural changes to ensure compliance with the Authority's Standards. The provider had submitted a plan of work to the Authority and an inspector manager had visited the centre, viewed the plans and discussed these with the provider and the person in charge prior to this inspection.

The inspector found that residents had been spoken with regarding the changes and the impact it would have on their day to day lives. Families had been informed of the plan. All residents opted to remain in the centre while these works were ongoing. The provider showed the inspector the outline of works and the phases it was split into. The timeline for completion was six to seven months from commencement in mid March 2015 and the provider told the inspector he would keep the Authority informed of these timelines and any relevant information.

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):

No actions were required from the previous inspection.

Findings:

There was a policy and procedures in place for the management of complaints. There

was a nominated person to deal with all complaints and a person appointed to oversee complaints to ensure all complaints are responded to and records maintained. The complaints procedure was displayed in a prominent position in the centre.

The inspector viewed the log of complaints received in the centre and noted that complaints received were responded to promptly. The complaints received and the results of investigations and actions taken in response to complaints received were recorded. Responses to complaints received in the centre were appropriate.

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):

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

Findings:

A thematic inspection focusing on end of life care and food and nutrition had taken place in November 2014. As part of this inspection the inspector followed up on the required actions relating to the thematic inspection.

The inspector reviewed a sample of residents' care plans documenting residents' wishes for their end of life care and found the centre had addressed the required actions. Residents had individualised assessments and care plans which outlined their wishes for their end of life care.

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 thematic inspection focusing on end of life care and food and nutrition had taken place in November 2014. As there were no actions arising from this inspection the inspector did not inspect this outcome on this inspection.

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 residents were consulted in relation to how the centre was run and that residents' feedback was sought which informed practice in the centre.

The inspector viewed minutes of resident meetings. Items discussed included advocacy, fire drills and the safekeeping of residents' valuables. An action plan was implemented following each meeting to ensure items raised by residents were addressed.

A resident questionnaire had taken place in March 2014 and in February 2015. The information compiled from the questionnaires was used to identify areas for improvement. For example, residents identified the provision of physiotherapy as a concern in both of these questionnaires. The person in charge told the inspector that a physiotherapist was based in the centre in the past. As the physiotherapist was now based in the local town residents did not have as frequent access to the physiotherapist. The person in charge was ensuring residents who required physiotherapy were referred and received required support however, residents would like more frequent access. The person in charge said healthcare assistants were leading exercise sessions with residents as often as possible.

There was a phone available for residents to make or receive phone calls in private and a room was available for residents to meet with visitors in private. Televisions and radios

were available in sitting rooms and bedrooms. Newspapers were provided and the inspector observed some residents reading daily newspapers and discussing news items.

Advocacy was provided and the centre had commenced using a new external independent service.

The inspector observed staff providing assistance and support to residents in a way which respected their dignity. Residents spoken with said staff were supportive of their wishes in regard to their dignity when being assisted with all aspects of their care.

The inspector was told residents had access to activities such as bingo for approximately one and a half hours in the afternoon of each day. Two healthcare assistants were trained in SONAS. The provision of activities was discussed with residents at resident meetings and suggestions were facilitated where possible. Improvement was required to the provision of activities in the morning. The allocation of care assistants to provide activities was focused in the afternoon. The inspector observed residents sitting in the day room in the mornings with no activities facilitated and no staff support in the room. A resident spoken with said they would like more activities in the morning.

Judgment:

Non Compliant - Moderate

***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:

There was a policy on residents' personal property and possessions and residents had adequate storage in for their belongings and access to lockable storage in their bedrooms.

The inspector viewed the laundry facilities and the systems in place to ensure residents clothes were returned to them. The laundry facilities were adequate and staff spoken with were knowledgeable of systems to ensure clothing was laundered and measures to be taken in the event a resident had an infectious disease.

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 viewed the staff rota and observed staffing levels over the two days of the inspection. The person in charge stated that staffing levels and skill mix were reviewed regularly and adjusted in response to residents' needs. A tool was used to assess staffing levels based on residents' needs.

Training records showed that staff had undertaken training in a variety of areas relevant to their roles including nutrition and aging, food safety, palliative care and maintaining medication documentation. Training was planned in areas such as supporting residents with behaviours that challenge and medication management.

Staff meetings and nurses meetings were held and a range of clinical and non clinical areas were reviewed at these meetings.

The inspector observed a morning handover meeting. It was evident the staff nurse was knowledgeable of residents' needs and the handover meeting was comprehensive.

Staff spoken with were knowledgeable of residents needs, the centre's policies and procedures and the measures to be taken if they received an allegation of a abuse or a complaint.

The inspector viewed a sample of staff files and found that the files met the requirements of Schedule 2 of the Regulations.

The person in charge told the inspector that the staffing needs were reviewed and assessed on an on-going basis. She outlined concern regarding the capacity of the centre to cater for residents with very high support needs and said she ensures her pre-assessment of new residents includes consideration of current residents and their needs. At the feedback meeting both the provider and the person in charge told the inspector that staffing levels and skill mix would continue to be assessed and amended in response to residents' changing needs.

There was no staff member with responsibility for ensuring activities were available for residents. The inspector found that residents were spending long periods unsupervised in the day room. Although basic care needs were being met, such as the provision of drinks when residents requested these from staff passing through the room, improvement was required to the provision of activities. The action relating to this is included in the action plan under outcome 16.

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:

Lorraine Egan
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:	D'Alton Community Nursing Unit
Centre ID:	OSV-0000643
Date of inspection:	10/03/2015 and 11/03/2015
Date of response:	31/03/2015

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 01: Statement of Purpose

Theme:

Governance, Leadership and Management

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

The statement of purpose required minor changes to reflect Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Action Required:

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing

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

the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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

Statement of Purpose now references 2013 regulations. The arrangements in place for the management of the centre in the absence of the person in charge are now identified.

Proposed Timescale: 16/03/2015

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:

The directory of residents did not contain all information specified in paragraph (3) of Schedule 3.

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:

Resident's directory being reviewed:- Resident's gender, Dr's name address and telephone number, Resident's Next of Kin name address and telephone number will now be included.

Proposed Timescale: 16/04/2015

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:

Two residents did not have an emergency evacuation plan in place.

Action Required:

Under Regulation 26(2) you are required to: Ensure that there is a plan in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.

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

Primary Nurses, for both Residents whose Fire evacuation plans were not completed within Care Plan files are currently in the process of compiling same.

Proposed Timescale: 02/04/2015

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 include the measures and actions in place to control the risk of accidental injury to residents, visitors and 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 expanded in order to provide linkage with current policies within the unit which pertain to risk. Staff currently reading and signing same.

Proposed Timescale: 16/04/2015

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 include the measures and actions in place to control the risk of 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 expanded in order to provide linkage with current policies within the unit which pertain to risk. Staff currently reading and signing same.

Proposed Timescale: 16/04/2015

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 include the measures and actions in place to control the risk of self harm.

Action Required:

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

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

Risk management policy expanded in order to provide linkage with current policies within the unit which pertain to risk. Staff currently reading and signing same.

Proposed Timescale: 16/04/2015

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:

Residents did not have adequate opportunity to participate in activities in accordance with their interests and capacities.

Action Required:

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

In order to expand activities within the unit, attendance at Meaningful Activities for Older persons programme will be attended by staff, with a view to involving Resident's families in the provision of activities. Staffing levels will be reviewed with General Manager.

Proposed Timescale: 01/06/2015