<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Darraglynn Nursing Home</th>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000220</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Carrigaline Road, Douglas, Cork.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>021 436 4722</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:darraglynn1@eircom.net">darraglynn1@eircom.net</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
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<tr>
<td>Registered provider:</td>
<td>Darraglynn Nursing Home Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Margaret O'Sullivan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>John Greaney</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>18</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
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About monitoring of compliance

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

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

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.

▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

▪ to monitor compliance with regulations and standards
▪ to carry out thematic inspections in respect of specific outcomes
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, 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: 26 November 2014 08:40  To: 26 November 2014 18:30
From: 27 November 2014 08:10  To: 27 November 2014 16:00

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

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

During this inspection, which was a renewal of registration inspection, the inspector met with a number of residents, relatives and staff members. The inspector observed practices and reviewed records such as nursing care plans, medical records, accident and incident logs, policies and procedures and a sample of personnel files.

Overall the findings of this inspection indicated that residents received care to a good standard. The provider and person in charge were knowledgeable of their obligations under the relevant standards and regulations, and demonstrated a commitment to
providing a high standard of care to residents. Nursing and care staff were knowledgeable of residents’ needs and provided a high standard of care. There was good access to GP services, including out-of-hours and residents were referred for review by allied health/specialist services when indicated.

A number of completed questionnaires were received from residents and relatives and the overall feedback was complimentary of the care provided. This was supported by positive feedback given to the inspector by residents and relatives on the days of the inspection.

Even though care was provided to a good standard, some improvements were required, most notably in the design and layout of the premises, as there was no dedicated sluice room; the laundry room did not provide adequate facilities for the separation of clean and dirty linen and was also used as a sluice room; the communal shower was not conveniently located for two residents without en suite facilities; there were inadequate changing facilities for staff; and there were inadequate storage for equipment such as hoists.

Additional required improvements included:
• accident and incident records
• policies and procedures
• personnel records
• care planning
• infection prevention and control practices
• fire safety training
• breakfast times

The Action Plan at the end of the report identifies what improvements are needed to meet the requirements of 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.
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):**
No actions were required from the previous inspection.

**Findings:**
There was a written statement of purpose that accurately described the service provided in the centre and contained all the information required by Schedule 1 of the regulations.

**Judgment:**
Compliant

### Outcome 02: Governance and Management

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

**Theme:**
Governance, Leadership and Management

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

**Findings:**
There were adequate resources to support the effective delivery of care. There was a clearly defined management structure with identified lines of authority and accountability. Nursing staff, healthcare assistants, catering staff and housekeeping staff reported to the person in charge, who in turn reported to the provider nominee. The provider was present in the centre for four days each week and was available to the person in charge for consultation and there were also records available of regular
There was a comprehensive programme of audits and evidence of action in response to issues identified. Results of audits were discussed at the recently convened quality management 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):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
There was a residents' guide that contained all the information required by the regulations.

Each resident had a written contract of care that was agreed on admission. The contract dealt with the care and welfare of the resident in the centre and the fees to be charged including fees for additional services such as chiropody, physiotherapy and hairdressing.

**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 person in charge who worked full time, was suitably qualified and experienced in the area of health and social care, and had the required experience in the area of nursing of the older person.
There was evidence that the person in charge was engaged in the governance and day
to day operational management of the centre. Residents were seen to be interacting
with the person in charge and could identify that he was the person in charge of the
centre.

Based on a fit person interview and interaction with the person in charge throughout the
two days of inspection, the inspector was satisfied that the person in charge
demonstrated sufficient clinical knowledge and a sufficient knowledge of the legislation
and his statutory responsibilities.

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**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.

<table>
<thead>
<tr>
<th>Theme:</th>
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<tbody>
<tr>
<td>Governance, Leadership and Management</td>
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**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

<table>
<thead>
<tr>
<th>Findings:</th>
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| As part of the registration renewal application the provider submitted evidence of
insurance against accidents and injury to residents, staff and visitors. The centre
maintained the records listed in Schedule 2, 3, and 4 of the Health Act 2007 (Care and
Welfare of Residents in Designated Centres for Older People) Regulations 2013, however
a full employment history was not available for all staff.

Evidence that the centre was in compliance with relevant planning and fire safety
legislation was signed by a suitably qualified person and submitted to the Authority.

There were written operational policies as required by Schedule 5 of the regulations and
all had been reviewed within the last two years. However, as will be discussed in more
detail under outcome 14, there was no policy on the management of residents for which
a decision of "Not for Resuscitation" was made and there was no policy governing the
use of a syringe driver for residents at end of life (a mechanism for administering
medications continuously and/or intermittently via a syringe).

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<th>Judgment:</th>
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<td>Non Compliant - Minor</td>
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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:
There was a period when the person in charge was absent for a period in excess of 28 days and the Authority received the required notification. There were adequate arrangements in place for the management of the centre in the absence 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):
No actions were required from the previous inspection.

Findings:
There was a policy in place for the prevention, detection and response to abuse. All staff had received up-to-date training on recognising and responding to abuse. Staff members spoken with by the inspector were knowledgeable of what constituted abuse and what to do in the event of allegations of abuse. Based on records viewed and discussions with staff, there have been no allegations of abuse.

There were adequate systems were in place for the management of residents' finances and records were available of all transactions for and on behalf of residents.

There was a policy in place for managing behaviour that is challenging and based on discussions with staff and a review of residents' records, staff had the knowledge and skills to appropriately respond to and manage incidents of challenging behaviour. There
was a policy on the management of restraint and there were risk assessments and records of safety checks when restraint was used.

**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 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:

There was an up-to-date safety statement, signed and dated by the person in charge. There was an emergency plan for responding to emergencies such as power outage, heat outage, loss of water supply and the safe placement of residents in the event of a prolonged evacuation.

There was a risk management policy and associated risk register that adequately addressed the items set out in the regulations. The inspector reviewed the accident and incident log and there was evidence of action taken in response to accidents and incidents to minimise the chance of reoccurrence. Records indicated that accidents and incidents were reviewed at the quality management meeting that were attended by the providers, person in charge, assistant director of nursing and the safety representative. However, records indicated that all incidents required to be recorded in the accident and incident log were not recorded. For example, records identified a medication error had taken place, and even though appropriate actions were taken in response to the error, it had not been recorded in the accident and incident log as required by the centre's own policies and procedures.

There were reasonable measures in place to prevent accidents in the centre such as safe floor covering, handrails on corridors and grab rails in toilets and bathrooms. There was a patio at the rear of a conservatory with a low balcony type wall separating the patio from the garden. There were procedures in place to ensure it was inaccessible to residents for whom it was considered unsafe. Based on records viewed by the inspector all staff had received up-to-date training in manual handling.

Measures in place for the prevention and control of infection included a colour coded cleaning system, a cleaning schedule and hand hygiene gel located at suitable intervals throughout the centre. However, improvements were required in relation to the prevention and control of healthcare associated infections. For example:

- there was no dedicated sluice room or adequate sluicing facilities to support the decontamination and disinfection of items such as urinals and commode pans
- a clinical waste bin at the front the building used for storing clinical waste until it was
collected by a waste management company was not locked as required
• a significant number of wash hand basins had domestic type taps which did not support good hand hygiene practices
• the laundry room was small, and even though a system had been implemented to support the separation of clean and dirty linen, this could only be done with limited success due to the size of the laundry room
• clinical waste was also stored in the laundry room

The inspector reviewed the fire safety register that indicated the fire alarm was serviced quarterly, emergency lighting was serviced every six months and fire safety equipment such as fire extinguishers were serviced annually. Records indicated that most, but not all staff had received up-to-date training in fire safety however, additional training was scheduled in the weeks following this inspection. Fire drills were held regularly and staff members spoken with by the inspectors were knowledgeable of what to do in the event of a fire. Written confirmation from a competent person that all requirements of the statutory fire authority were complied with was submitted to the Authority in advance of the inspection.

**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:**
There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. Based on the observation of the inspector, medication administration practices complied with relevant professional guidelines. Medications were stored appropriately, including medications requiring refrigeration, and the fridge temperature was monitored and recorded.

There were audits of medication management practices and any issues identified were addressed. Medications governed under the misuse of drugs Act (MDA) Schedule 2 were stored appropriately and were counted at the end of each shift and the count was verified by two nurses’ signatures. There were adequate procedures in the process for the return of unused/out-of-date medicines.

**Judgment:**
Compliant
### Outcome 10: Notification of Incidents

*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 in the centre was maintained and all notifiable events were notified to the Chief Inspector as required.

**Judgment:**
Compliant

### Outcome 11: Health and Social Care Needs

*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:**
The inspector was satisfied that residents’ health and social care needs were regularly assessed and monitored on an ongoing basis.

Residents were regularly reviewed by their general practitioner (GP) and allied health services such as physiotherapy, speech and language therapy, occupational therapy and dietician services were available. There was evidence that nursing staff provided care in accordance with any specific recommendations made by medical and other allied health professionals.

Based on a sample of residents’ nursing records reviewed by the inspector, residents were regularly assessed and specific clinical care needs were identified and addressed. Written nursing care plans were in place for each resident and most of these outlined the required care and they were reviewed to reflect the care that was needed if a resident’s condition or circumstances changed. However, a small number of care plans
were generic and did not adequately identify the care to be provided based on the assessed need for a particular condition, such as incontinence. The care plans and daily nursing notes demonstrated that evidence-based nursing care was planned as well as provided and residents’ progress was closely monitored. The nursing records indicated that if a resident deteriorated it was quickly identified and managed appropriately.

**Judgment:**
Non Compliant - Minor

**Outcome 12: Safe and Suitable Premises**
The location, design and layout of the centre is suitable for its stated purpose and meets residents’ individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Theme:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
Darraglynn Nursing Home is an 18 bedded facility situated approximately one kilometre from Douglas village. Bedroom accommodation comprises 16 single bedrooms and one twin bedroom. Eleven of the single bedrooms and the twin bedroom are en suite with toilet, shower and wash hand basin. In addition to the en suites, sanitary facilities include a bathroom with assisted shower, toilet and wash hand basin and a staff toilet. Communal facilities comprise two sitting rooms, one at each end of the centre, and a conservatory that is used as a dining room. The conservatory leads out to a patio and an external garden, however, residents could not have access to this unsupervised due to a low wall surrounding the patio and the absence of a safe and secure boundary to the garden.

On the days of the inspection the centre was bright, clean and decorated to a good standard. The premises was well maintained and in a good state of repair. There was evidence of a programme of preventive maintenance for equipment such as beds, hoists, mattresses, chair scales and wheelchairs.

As identified on previous inspections a number of improvements were required to the design and layout of the premises. These included:
- there was no dedicated sluice room
- the laundry room did not provide adequate facilities for the separation of clean and dirty linen and was also used as a sluice room
- the communal shower was not conveniently located for two residents without en suite facilities
• there were inadequate changing facilities for staff
• there were inadequate storage for equipment such as hoists.

Judgment:
Non Compliant - Moderate

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

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

Findings:
There was a written complaints policy available in the centre and the procedure for making a complaint was on display in a prominent place for residents and/or their representatives. The complaints process was also outlined in the residents guide and in the Statement of Purpose document. The nominated person to deal with complaints was clearly identified and residents had access to an independent complaints appeals process. Residents confirmed they would freely make a complaint to the person in charge.

There was evidence that the complaints of residents and/or their representatives were listened to and appropriately acted upon as the records of any complaints provided detail of the complaint, the ongoing management of same and the respective complainants’ level of satisfaction.

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 was a policy in place providing guidance on the care of residents approaching end
of life, most recently reviewed in November 2014.

There was a system in place to ascertain the end of life preferences of all residents and this was recorded in an end of life assessment document. A number of residents had "Not for Resuscitation" instructions and there was evidence of a clinical rationale for these decisions for most residents and discussion with residents and/or their relatives. However, all sections of this document were not completed fully for all residents making it difficult to ascertain with certainty, the clinical rationale and the process whereby decisions regarding the resuscitation status of each resident were made. This action is addressed under Outcome 11. Additionally there was no centre specific policy governing this process.

The inspector reviewed the record of a deceased resident and was satisfied that nursing care was provided to a good standard. The record indicated that the resident's end of life care preferences had been identified, care plans were in place detailing the required end of life care and there was evidence of family involvement. Residents were regularly reviewed by their GP and more frequently as they approached end of life. There was evidence of referral and review by palliative care services however, there was no policy in place governing the use of a syringe driver (a mechanism for administering medications continuously and/or intermittently via a syringe). This action is addressed under Outcome 5.

As there was only one twin bedroom, residents usually had access to a single room at end of life. Staff and residents confirmed that religious practices were facilitated. The inspector was informed that family and friends were facilitated to be with a resident at end of life and this was also confirmed in residents' records.

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:**
There was a policy in place on monitoring and documenting residents’ nutritional status, most recently reviewed in November 2014. Residents received a nutritional assessment on admission and at regular intervals thereafter using a recognised evidence-based assessment tool. Residents were weighed monthly and there was evidence of action in response to any changes in weight.
If required, referrals were made to dietician services for nutritional review and advice, and/or speech and language therapy if a resident had swallowing difficulties (dysphagia). As already addressed in outcome 11; residents had frequent access to GP services and records indicated that when nutritional supplements were required these were prescribed by GPs on the advice of a dietician. There was evidence available in residents’ records that allied health recommendations were implemented by staff, such as the provision of appropriate diets and this was observed by the inspector. There were appropriate systems in place for communicating modified or special diets to catering staff and staff members spoken with were knowledgeable of residents' nutritional needs and requirements.

Breakfast commenced at 07:30hrs each morning and most residents had their breakfast in their bedrooms. Even though some residents expressed a preference for an early breakfast, there was no evidence to support that the timing of breakfast was based on the needs and preferences of all residents. Some residents spoken with by inspectors confirmed that they were awoken for breakfast, however, they returned to sleep afterwards.

The menu was varied, food appeared to be nutritious and residents were offered a choice at mealtimes. Residents requiring assistance were assisted in a dignified and respectful manner by staff. Residents had access to fresh drinking water and snacks were offered between meals and in the evening.

Judgment:
Non Compliant - Moderate

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:
There was evidence of consultation with residents through residents' meetings and residents/relatives questionnaires and evidence of action taken in response to issues raised. There was an independent advocate who met with residents regularly and raised issues of concern to residents with management. The advocate also chaired residents' meetings.
Residents’ religious preferences were ascertained and facilitated. Residents had access to radio, television and newspapers and voting in local and national elections was facilitated.

The inspector observed residents’ privacy and dignity being respected by the manner in which staff engaged with residents as well as when assistance with personal care was provided. It was obvious that staff knew residents well as they were aware of the specific communication needs of residents. Staff were overheard promoting residents’ independence by encouraging residents to do as much for themselves as possible and residents were offered choice by staff in what they wanted to do.

There was strong evidence that family and friend contacts were maintained as visitors were welcomed at various times of the day and there were areas for residents to meet their visitors that were separate to bedroom accommodation. Home visits and outings were also facilitated as requested and it was noted that visitors were coming and going throughout the day of inspection.

The recreational and social interests of each resident were well known. The preferred daily routine of each resident was recorded, however, most records indicated that residents preferred breakfast time was between 07:00 to 07:30 and there was no evidence to support that this was determined by residents' expressed preference or if it was based on routine practices in the centre. Where residents had expressed a clear preference for breakfast times, this was facilitated. There was an activities programme facilitated by a number of external groups and residents were provided with a variety of appropriate group and/or one-to-one activities.

**Judgment:**
Non Compliant - Minor

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### 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 written policy on residents’ personal property and possessions and inventories were maintained of individual resident’s valuables and possessions. Bedrooms were personalised and residents were facilitated to have their own items, such as pictures, if they so wished. Each resident had bedroom furniture that was clearly identified to store their own clothing and personal items.
As already discussed under outcomes 8 and 12, laundry facilities were inadequate due to the size of the laundry room and its use as a sluice room. Residents' personal clothing was laundered in the laundry room and procedures were in place for the return of residents' personal clothing. Bed linen was sent out to an external organisation for laundering.

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

**Findings:**
Duty rosters were maintained for all staff and during the days of inspection it was observed that the number and skill mix of staff working was appropriate to meet the needs of the residents. There was a nurse on duty at all times.

Records indicated that education and training was available to staff to support them in the provision of evidence-based care. Records indicated attendance at training on issues such as nutrition and hydration, dementia care, the management of dysphagia (difficulty swallowing), end of life care, end of life medication management, prevention and treatment of pressure sores and medication management. However as discussed in outcome 8 of this report, not all staff had attended training on fire safety.

Current registration was available for all nursing staff. A review of a sample of staff files indicated that most of the requirements of Schedule 2 of the regulations were in place, however, there was unexplained gaps in employment history for a number staff.

Judgment:
Compliant
Closing the Visit

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

Acknowledgements

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

Report Compiled by:

John Greaney
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 report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Darraglynn Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000220</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>26/11/2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>19/02/2015</td>
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Requirements

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

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:
There were policies in place addressing end of life care and medication, however, the policies did not adequately address the process governing decisions of "Not for Resuscitation" and there was no policy governing the use of a syringe driver for residents at end of life.

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:**
Not for resuscitation policy’ and ‘Syringe driver policy’ are written, adopted and implemented since 06/01/2015

<table>
<thead>
<tr>
<th>Proposed Timescale: 06/01/2015</th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Governance, Leadership and Management</td>
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</table>

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There were unexplained gaps in the employment history for a number staff.

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

**Please state the actions you have taken or are planning to take:**
Updated employment history including the maternity leave, self-employment, unemployment are submitted by 4 employees.

<table>
<thead>
<tr>
<th>Proposed Timescale: 31/12/2014</th>
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### Outcome 08: Health and Safety and Risk Management

<table>
<thead>
<tr>
<th><strong>Theme:</strong> Safe care and support</th>
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</thead>
</table>

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Records identified a medication error had taken place, and even though appropriate actions were taken in response to the error, it had not been recorded in the accident and incident log as required by the centre’s own policies and procedures.

**Action Required:**
Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

**Please state the actions you have taken or are planning to take:**
The medication error and the appropriate actions taken in response to the error were recorded in the resident’s personal file. The clear guidance and instructions are now given to all staff nurses regarding the recording of medication errors also into the accident’s and incidents log.
Proposed Timescale: 28/11/2014

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Improvements were required in relation to the prevention and control of healthcare associated infections. For example:
• there was no dedicated sluice room or adequate sluicing facilities to support the decontamination and disinfection of items such as urinals and commode pans
• a clinical waste bin at the front the building used for storing clinical waste until it was collected by a waste management company was not locked as required
• a significant number of wash hand basins had domestic type taps which did not support good hand hygiene practices
• the laundry room was small, and even though a system had been implemented to support the separation of clean and dirty linen, this could only be done with limited success due to the size of the laundry room
• clinical waste was also stored in the laundry room

Action Required:
Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

Please state the actions you have taken or are planning to take:
• The new extension plan of the nursing home building includes a dedicated sluice room and adequate sluicing facilities and New Laundry facility.
• The domestic taps on wash basins will be replaced with clinical lever taps in the proposed new building.
• All the laundry except resident’s personal clothes is now outsourced until the extension of the building is done with adequate facilities.
• Clinical waste is no longer stored in the laundry. It is now being disposed immediately into the clinical waste bin located outside the building.
• The lock on the clinical waste bin is replaced with a new one

A projected step by step time plan is given below and the building extension is expected to be completed by 11/01/2016

05-Jan-15 New Entrance opened, access formed, Water/Oil tanks relocated
12-Jan-15 Site Clearance Starts
02-Feb-15 Foundations to Basement Start, also to Utility Extension
23- Feb -15 Utility Extension Substructure & walls complete
02-Mar-15 Basement walls & precast Floor in, Remaining Founds outside new building done
09-Mar-15 New Double Room at existing Entrance formed (by joining 2 existing Rooms)
16-Mar-15 Demolition of Existing Sitting Room & part of Existing Room 9
23-Mar-15 to 31-Aug-15 Main Construction
07-Sep-15 Conservatory demolition
28-Sep-15 Conservatory Completion  
12-Oct-15 Fit-Out of New Entrance Area/Nurses Station  
19-Oct-15 Main Entrance, Nurses Station, etc., Relocated to new Extension, New Entrance off Road & part of new Parking Area in Use.  
26-Oct-15 New Bedroom Fit-Out  
02-Nov-15 New Bedrooms available, also Laundry & Basement Stores, Strip out of Original building (excluding Kitchen/Dining) Starts  
14-Dec-15 Practical Completion, entire Car Park available  
21-Dec-15 Fit out of Bedrooms & Other Rooms begins  
11-Jan-16 Probable earliest realistic date for full completion & full complement of new patients

**Proposed Timescale:** 31/01/2016

**Theme:**  
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
Most, but not all, staff had received up-to-date training in fire safety.

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

**Please state the actions you have taken or are planning to take:**  
The four staff members who couldn’t attend the first training section due to various reasons are now completed the scheduled fire training on 4/12/2014

**Proposed Timescale:** 04/12/2014

**Outcome 11: Health and Social Care Needs**

**Theme:**  
Effective care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
A small number of care plans were generic and did not adequately outline the care to be provided.

**Action Required:**  
Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident’s admission to the designated centre.
Please state the actions you have taken or are planning to take:
All the care plans were person centred, but there was some additional information attached to the care plans which was generic to the medical conditions of the residents such as Blood Pressure, Parkinson’s Disease, Diabetes Mellitus etc. (This information are used as an additional guideline). All care plans are reviewed at least quarterly and nursing home is committed to make the care plans as person centred as possible based on the assessed needs.

**Proposed Timescale:** 20/01/2015

**Theme:**
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
All sections of the "Not for Resuscitation" document were not completed fully for all residents making it difficult to ascertain with certainty, the clinical rationale and the process whereby decisions regarding the resuscitation status of each resident were made.

**Action Required:**
Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person’s admission to the designated centre.

Please state the actions you have taken or are planning to take:
There were few areas in one of the resident’s ‘end of life care assessment’ where resident/ Next of Kin haven’t completed. This was discussed with the resident and next of kin and now completed. The final decision on resuscitation status is always made by resident’s G.P in consultation with the resident/ next of kin.

**Proposed Timescale:** 20/12/2014

**Outcome 12: Safe and Suitable Premises**

**Theme:**
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A number of improvements were required to the design and layout of the premises. These included:
- there was no dedicated sluice room
- the laundry room did not provide adequate facilities for the separation of clean and dirty linen and was also used as a sluice room
- the communal shower was not conveniently located for two residents without en suite facilities
- external grounds were not safe and suitable for use by residents unsupervised.
- there was inadequate storage for equipment such as hoists
- there were inadequate changing facilities for staff.

**Action Required:**
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

**Please state the actions you have taken or are planning to take:**
- Proposed extension of the nursing home building would address the deficiencies adequately.
- The extension plan includes new sluice room, New laundry, Enclosed safe external grounds, conveniently located communal shower, Adequate storage facility for equipment’s, new staff changing facilities etc.
- All the laundry except resident’s personal clothes is outsourced since October 2014 until the new laundry is built.
A projected step by step time plan is given below and extension will be completed by 15/01/2016

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**Proposed Timescale:** 31/01/2016

## Outcome 15: Food and Nutrition

**Theme:**
Person-centred care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement**
in the following respect:
Breakfast commenced at 07:30hrs each morning and all residents had their breakfast in their bedrooms. Even though some residents expressed a preference for an early breakfast, there was no evidence to support that the timing of breakfast was based on the needs and preferences of residents.

Action Required:
Under Regulation 18(2) you are required to: Provide meals, refreshments and snacks at all reasonable times.

Please state the actions you have taken or are planning to take:
Not all the resident’s had their breakfast in their bedrooms. All the residents had choice for their breakfast time. Three residents are receiving late breakfast in dining room/day room as they requested. Moreover one resident receiving two breakfasts (7.30am and 10.30am) as per her choice. Post inspection also the director of nursing spoke to each resident in person and they confirmed that they are happy with the current breakfast arrangements. The nursing home management is committed and well equipped to accommodate the choices and preferences of the resident’s meal and meal timing.

Proposed Timescale: 02/12/2014

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 preferred daily routine of each resident was recorded, however, most records indicated that residents preferred breakfast time was between 07:00 to 07:30 and there was no evidence to support that this was determined by residents’ expressed preference or if it was based on routine practices in the centre.

Action Required:
Under Regulation 09(3)(a) you are required to: Ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.

Please state the actions you have taken or are planning to take:
All the residents have a personal choice for their meal/meal time including breakfast time. Three out of eighteen residents are receiving late breakfast in dining room/day room/ bedroom as per their choice. Moreover one resident receiving two breakfasts (7.30am and 10.30am) as per her choice. In addition, post HIQA inspection, the director of nursing spoke to each resident in person and they confirmed that they are happy with the current breakfast arrangements. The nursing home management is committed and well equipped to accommodate the choices and preferences of the resident’s meal and meal timing.

Proposed Timescale: 02/12/2014