<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Dunboyne Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000185</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Summerhill Road, Waynestown, Dunboyne, Meath.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>01 825 1123</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:dunboyne@arbourcaregroup.com">dunboyne@arbourcaregroup.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Dunboyne Nursing Home Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Donal O'Gallagher</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Siobhan Kennedy</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>51</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>10</td>
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</table>
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.
This inspection report sets out the findings of a monitoring inspection, the purpose of which was following receipt of unsolicited information. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 02 February 2016 10:30  
To: 02 February 2016 17:30

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Compliant</td>
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<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Compliant</td>
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<tr>
<td>Outcome 14: End of Life Care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 15: Food and Nutrition</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Non Compliant - Moderate</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection

This inspection took place following the review of notifications submitted by the person in charge and receipt of unsolicited information by the Health Information and Quality Authority (the Authority) in relation allegations of poor staffing levels and the management of complaints. The inspector did not find evidence to support these allegations.

Residents and relatives were positive in their feedback to the inspector and expressed satisfaction about the facilities and the services and care provided. There were policies, procedures systems and practices in place for the management of complaints. The procedure was posted throughout the centre and residents and relatives who met the inspector were aware of the process and were satisfied with how complaints were managed.

The inspector found from an examination of the staff rosters and interviews with staff, residents and relatives that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of residents. However, the deployment
of the activity therapist on the morning of the inspection to assist in other work prevented residents having an opportunity to participate in social and recreational activities and staff were not available for a brief period to provide supervision to residents in a communal sitting area.

Staff who communicated with the inspector were knowledgeable of the legislation and standards governing the provision of care in the nursing home and could describe and explain residents’ conditions, treatment plans and day-to-day routines.

Governance and management of the centre were satisfactory. The person in charge was on duty and facilitated the inspection process. The provider visited the centre during the inspection and a senior manager communicated by telephone with the inspector. Matters arising (3 actions) from the previous inspection which was carried out on the 9 September 2014 were reviewed and found to be satisfactorily addressed. Primarily these related to health and safety, medication management and the premises.

With regard to the notification in respect of peer abuse the inspector found that the matter had been addressed in an appropriate manner providing care and protection for the residents involved. An investigation had been conducted and measures taken to reduce the risk of any further re-occurrences. Staff had participated in protection of residents from abuse training and they demonstrated that they were vigilant to ensure that residents were safe. Some residents who communicated with the inspector confirmed that they felt safe living in the designated centre.

The inspector reviewed documentation including care plans in respect of notifiable incidents regarding wound care. The inspector was satisfied that appropriate action had been taken. There was evidence that staff were knowledgeable in this regard and accessed specialist advice and the support of medical and allied health professionals.

The procedure for the administration of medicines was found to be satisfactory.

Practices and facilities were in place so that residents received end of life care in a way that met their individual needs and preferences and respected the views of their families/representatives.

The premises was suitably designed and laid out to meet the needs of the residents and it was maintained to a high standard.

The centre was primarily in compliance with the Health 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. Areas which require further improvement are outlined in the action plan of this 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 02: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management

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

Findings:
The person in charge is a registered general nurse with many years of experience of working with older people. She was on duty throughout the inspection and facilitated the inspection. The provider visited the centre during the period of the inspection and a senior manager communicated by telephone with the inspector.

The person in charge informed the inspector that she in consultation with the management team has authority and is accountable and responsible for the provision of the service. This includes making decisions about staffing levels and have additional staff on duty if it is necessary to meet residents' needs. See outcome 18 for details of staffing.

Different grades of staff could identify the lines of authority and accountability and knew who to communicate information to.

The inspector found that there were systems in place to monitor the quality of the service. All incidents are reviewed to promote learning and if necessary corrective action taken to ensure that there will not be a re-occurrence of the incident.

Residents and relatives who communicated with the inspector were positive in respect of the provision of facilities and services and considered that there were sufficient staff on duty to assist the needs of residents. See outcome 18 for details. They highlighted that efforts were made to ensure that there was good communication between residents and their representatives and the staff team.

Judgment:
Compliant
### Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
Not all aspects of this outcome were monitored. The inspector and person in charge saw that all records were not stored safely as an unlocked trolley storing medical records was located under the stairwell. The risk had been minimised as the area could only be accessed by operating a key code security panel, however, the risk had not been fully controlled.

**Judgment:**
Non Compliant - Moderate

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### Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

**Theme:**
Safe care and support

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

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

There was a policy which provided guidance for staff to manage incidents of elder abuse. This included information on the various types of abuse, assessment, reporting and investigation of incidences.
The person in charge had investigated an allegation of peer abuse which had occurred in January 2016. This included communicating with staff on duty to obtain relevant information, informing the residents’ next of kin/family members and assessing residents’ needs and seeking medical input. Furthermore an action plan was implemented based on the risks identified and assessed in order to prevent any further incidents. This included protection measures for residents and a referral to Allied health professionals for specialist input.

Furthermore, the person in charge demonstrated her knowledge of the resident’s behaviours that are challenging and to the measures to manage and respond to that behaviour in the least restrictive manner. For example, "Private" notices were placed on some residents’ bedroom doors in an effort to prevent other residents entering. It was considered that this did have a positive effect.

The inspector had the opportunity to ascertain the views of the family members of one of the resident who was involved in an incident. They confirmed that they were satisfied with the quality of care provision delivered in the designated centre.

Staff members who communicated with the inspector demonstrated their knowledge of the training that they had received in the protection of residents from abuse. They described the various types of abuses and their duty to report any incident about actual, alleged, or suspected abuse.

The inspector saw that there was an emphasis placed on residents’ safety and that a number of measures had been taken to ensure that residents felt safe while at the same time had opportunities for maintaining independence and fulfilment. For example there was a keypad lock on the main entrance of the centre, yet all of the doors leading to the courtyard were accessible by residents.

There were facilities in place to assist residents to be mobile and safe for example hand and grab rails in all areas.

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 matter arising from the previous inspection related to insufficient cleaning of
assistive equipment post use and toiletries such as shampoos being left in the communal bathrooms for shared use.

These issues were satisfactorily addressed as the inspector saw during a tour of the premises that there were no communal use of toiletries and equipment was clean for residents' use. A care staff member described to the inspector the preparation made prior to assisting a resident to have a shower or bath. This included collecting residents' personal toiletries and clothing.

The inspector saw that infection control precautions in the centre were satisfactory. It was clean and household staff were able to describe the infection-control procedures in place. Hand sanitisers were strategically placed throughout the designated centre and staff and visitors were observed by the inspector using them.

Laundry staff operated a system of separating dirty and clean linen.

The person in charge communicated to the inspector that she was aware of what constitutes risks in the centre, both general and with regard to residents’ personal assessments and that she and the staff team tried various options to control and minimise any risks identified.

For example, a resident was admitted to the designated centre and it was diagnosed that she had severe grade 4 pressure sores. In consultation with other clinical professionals a referral was made to have the resident admitted to hospital for a full review.

In another instance the person in charge in consultation with the staff team, the resident and the resident’s next of kin and family members deemed that a bedroom currently occupied by a resident's was insufficient and unsafe to meet the resident’s needs giving the dependency of the resident and the use of specialised and personalised equipment. A twin room was offered to the resident for single occupancy only. It was agreed that this room would be furnished according to the resident's wishes.

The inspector saw that fire safety precautions had been taken. For example these included the installation of a fire panel, hold open magnetic devices attached to the fire alarm system that would close all doors in the event of an emergency, fire fighting equipment which was inspected at appropriate intervals, personal emergency evacuation plan (PEEP) for each resident that identified the resident's mobility levels and requirements for assistance in the event of an emergency evacuation either during the day or night time.

There was evidence that fire drills were conducted as part of staff fire safety training.

**Judgment:**
Compliant

**Outcome 09: Medication Management**
*Each resident is protected by the designated centre’s policies and procedures*
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 matters to be addressed from the previous inspection related to the general prescription for crushed medicines and the times of the administration did not match the prescription.
The inspector saw that both these matters had been addressed during the administration of medicines at lunchtime on the day of the inspection.

The inspector was informed by a staff nurse administering medicines to residents that the medication policy and procedures were useful guides in the management of residents' medication. They included information on the prescribing, administering, recording, safekeeping and disposal of unused or out of date medicines.

The inspector observed the staff nurse consulting with residents during the administration of medicines and performing good hand hygiene.

Medicines were contained in a blister pack prepared by the pharmacist. Prescription and administration sheets were available. The inspector saw that the administration sheet contained the necessary information for example the medication identified on the prescription sheet, a space to record comments and the signature of the staff nurse corresponded to the signature sheet.

There was evidence of general practitioners (GPs) reviewing residents’ medicines on a regular basis.

The inspector was informed that controlled drugs were stored safely in a double locked cupboard and stock levels were recorded at the beginning/end of each shift in a register in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1982.

Judgment: Compliant

Outcome 11: Health and Social Care Needs
Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident’s assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.
Theme:
Effective care and support

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

Findings:
From an examination of a sample of residents' care plans, discussions with residents, relatives and staff, the inspector was satisfied that the nursing and medical care needs of residents were assessed and appropriate interventions/treatment plans implemented. For example, there was information in relation to risk assessments such as dependency, moving and handling, falls, use of bed rails, nutrition and continence. The care plans were up-to-date and daily records were maintained of the residents’ care and condition.

In particular the inspector examined the care plans of residents with wounds as the Authority was in receipt of notifications in accordance with the legislation from the designated centre.

The inspector saw that there were arrangements in place to manage and monitor wounds. The nursing team were aware that wound prevention and treatment was multi-factorial and the inspector saw specific person-centred care plans and regular reviews. There was documentary evidence of wounds healing and specialist referrals as appropriate.

Wound assessment charts were in place and provided a clinical picture for comparative purposes to monitor whether the wound was progressing or regressing. There was a policy of photographing wounds and this was practiced by the staff. There was documentary evidence that residents were reviewed by tissue viability specialist services. Repositioning charts and monitoring charts for fluid and nutritional intake were available. Aids such as pressure relieving mattresses and specialist cushions were in place for those residents at risk of developing pressure ulcers.

Pain assessment charts were in place and evidence was recorded in the narrative notes of residents’ care plans that prescribed analgesia was administered to promote comfort if the assessment recommended this, prior to completing a dressing of a pressure ulcer.

There was evidence of appropriate medical and allied health care for example, referrals to the dietician, occupational and physio therapists and speech and language therapists which brought about improved outcomes for residents. The inspector saw that following a referral to the occupational therapist a new wheelchair was obtained for a resident which was tailored to provide pressure relief for the resident.

There were systems and practices operating regarding restraint and where restraint was used as an enabler for example, the use of bedrails to promote mobility and personal alarms to keep residents safe. The use of alarm mats with profile beds were considered to be the least restrictive alternative. The documentation showed consultation with the resident or the resident’s relative, the general practitioner and the nurse in charge.
Reviews of restraint measures were evident and records were maintained, for example the times when lap belts were released.

**Judgment:**
Compliant

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**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 matters which required action from the previous inspection related to the external grounds and the curtain screening in twin bedrooms.

During a tour of the premises the inspector found that both these matters had been satisfactorily addressed.
The external parameter of the centre was made into lawns and the curtain screening in the twin rooms protected residents' privacy and dignity.

The design and layout of the centre met the needs of the residents.

Bedrooms are primarily single with approximately 8 twin bedrooms. The majority of bedrooms have ensuite facilities (wet room shower, toilet and wash hand basin) while some ensuite facilities contain a toilet and wash hand basin. All of the bedrooms were furnished with profiling beds, a locked unit for personal possessions, double wardrobes, comfortable seating and a wall mounted television.

There was ample communal space for example 2 large dining rooms, an activities room, sitting rooms, treatment room, an oratory, staff room, visitor’s room and toilet, laundry, hairdressing and catering facilities and ample storage for equipment.

Adequate provision was made for administration/office facilities that facilitated management and staff in the performance of their duties. A training room was also provided in the building.

The premises was suitably decorated throughout and benefited from natural lighting. Residents' art work was displayed on the walls.
Residents were encouraged and availed of the opportunity to have personal mementos and processions in their own bedrooms.

The external courtyard with raised beds could be viewed and accessed from a variety of corridors.

There was sufficient parking in front and to the side of the centre.

Close circuit television cameras were provided externally at all entrances ensuring additional safety and security for residents.

**Judgment:**
Compliant

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**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

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

No actions were required from the previous inspection.

**Findings:**

The Authority was in receipt of unsolicited information which alleged poor practice in relation to the management of complaints. The provider and senior team investigated the allegations and forwarded the investigation report to the Authority on the 2110 2015. The key findings of the report highlighted that there was no evidence to confirm that there was a practice in relation to the management of complaints or insufficient staffing levels to meet the needs of residents. See outcome 18 in respect of staffing.

During this inspection the inspector did not find any evidence to concur with the viewpoint of the complainant in either regard.

The inspector saw that there were policies, procedures systems and practices in place for the management of complaints.

The complaints procedure was posted throughout the centre and residents and relatives who communicated with the inspector were aware of the process and they identified the person with whom they would communicate with if they had an issue of concern.

Some relatives informed the inspector of issues that they had already highlighted to staff and management and in discussions with the inspector management and staff demonstrated that they were aware of the details of the issues/concerns and the actions
taken to address the matters.

The inspector had the opportunity to observe interactions between management and a resident’s relative(s) which brought about an immediate resolution of issues raised. During this meeting the person in charge stressed the importance for family members to communicate with management and staff and highlight any issue that was of concern to ensure a partnership in the delivery of care.

Both the provider and the person in charge in discussions with the inspector communicated that they were open to receiving complaints in order to improve the service.

**Judgment:**
Compliant

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**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:**
The inspector heard from relatives of a resident who was in receipt of end of life care. They were satisfied with the provision of care and the respect and dignity shown by management and staff. The inspector saw in the care planning documents for a resident's end of life care plan. A relative of this resident informed the inspector that she was in agreement with the plan.

In discussions with staff it was confirmed that end of life care was person centred and respected the values and preferences of individual residents and their families/representatives. The inspector was informed of interventions and treatments to support the resident at end of life in the centre, for example availability of medical services, palliative care team and the use of subcutaneous infusions and oral antibiotics.

**Judgment:**
Compliant

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

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

**Findings:**
Residents were provided with food and drink at times and in quantities adequate for their needs. The food was properly served. Menus showed a variety of menu choices.

The inspector observed that in one of the dining areas there were sufficient staff to offer assistance to residents in a discreet and sensitive manner. There was an emphasis on residents' maintaining their own independence and appropriate equipment was provided to support this. Residents confirmed their satisfaction with mealtimes and food provided. Relatives were positive in their comments about the mealtimes. Some relatives particularly visited the centre during mealtimes in order to assist the family member with their meal.

There was a choice of 2 dining rooms. While these were spacious they were also bright and cosy spaces. Although some residents chose to have their meals in their bedrooms or in the communal sitting rooms.

There was evidence in a resident's care plan that a nutritional assessment was carried out on 9 January 2015. This included the resident's weight, body mass index and type of diet.

The speech and language therapist was in the designated centre on the day or be inspection assessing residents. This had a good outcome for a resident as it recommended that a modified diet was preferable to a pureed diet. Nursing and care staff were knowledgeable about implementing the recommendations of the speech and language therapist.

Catering and care staff worked together during the serving of the lunchtime meal. The inspector saw that this meal was hot and presented in an appetising manner.

Snacks and beverage were offered to residents at intervals between main meals and visitors to the centre were offered refreshments and/or a meal. Water dispensers and fresh fruit were available.

**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 Authority was in receipt of unsolicited information which alleged inadequate staffing levels to meet the needs of residents.

The matter was investigated by the designated complaints officer and management of the centre and a report of the findings was forwarded to the Authority on 2 December 2015. The key findings identified that there were adequate staff to meet the needs of residents.

The inspector found that staffing levels are determined on a daily basis taking into consideration dependency levels and care and condition of residents. In addition it is a consistent agenda item for the monthly management meetings.

The centre is registered to accommodate 61 residents, however, currently 51 residents are being accommodated.

The person in charge explained to the inspector that due to the recent refurbishment and extension to the centre the current staffing group are stable as a result of a recruitment programme which has been in place over the previous 2 years.

On the day of the inspection the following staff were involved in direct care of residents:
• During the morning and afternoon the person in charge, two nurses and eight care staff. The two staff nurses worked from 08.00hours to 20.00hours.
• During the evening up to 18:00 hours two nurses and eight care staff were on duty. At 18:00 hours the care staff reduced to 6 care staff and from 20:00 hours to 21:00 hours there were 4 care assistants.
• Two carers and two nurses worked during the night from 21:00 hours to 07:00 hours. In addition ancillary staff consisted of an activity therapist, physiotherapist, senior management, catering, cleaning, laundry, administration and maintenance staff.

There were sufficient staff on the day of inspection to meet the needs of the residents. Residents alarm bells were promptly responded to by staff. Residents chose the time that they wished to get up and seek assistance with personal care and dressing and this was facilitated by the care team. Some residents in discussions with the inspector
confirmed that staffing levels were satisfactory and that staff were supportive and helpful.

While the inspector judged that there was adequate staff employed to meet the needs of the residents it was noted that the activity therapist was delegated alternative work during the morning of the inspection which resulted in residents not having opportunities to participate in social and recreational activities. The activity therapist was available in the afternoon to lead group and individual activities.

In addition the inspector saw that there was a brief period during the inspection when vulnerable residents were not supervised by staff in one of the communal sitting rooms.

Staff who communicated with the inspector confirmed that there was adequate staff on duty to meet the needs of the residents.

**Judgment:**
Non Compliant - Moderate

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**Closing the Visit**

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

**Acknowledgements**

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

**Report Compiled by:**

Siobhan Kennedy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
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:
Records were not stored safely as an unlocked trolley storing medical records was located under the stairway. The risk had been minimised as the area could only be accessed by operating a key code security panel, however, the risk had not been fully controlled.

1. Action Required:
Under Regulation 21(6) you are required to: Maintain the records specified in paragraph

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
(1) in such manner as to be safe and accessible.

**Please state the actions you have taken or are planning to take:**
The trolley is lockable and therefore when placed behind a keypad operated door adds further to the security and eliminates the risk when the normal procedure is followed. The trolley containing the nursing files for the residents was incorrectly left unlocked by a nurse. Clear instruction to all nursing staff has been re-issued. Further spare keys for the trolley will be cut and placed in the key cabinet in the locked medication store room to the rear of the adjacent nurse station to ensure that no excuse for leaving the trolley open exists.

**Proposed Timescale:** 26/03/2016

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**Outcome 18: Suitable Staffing**

**Theme:**
Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
During the morning of the inspection the activity therapist was delegated alternative work which resulted in residents not having opportunities to participate in social and recreational activities.

There was a brief period during the inspection when residents were not supervised by staff in one of the communal sitting rooms.

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

**Please state the actions you have taken or are planning to take:**
On the day before the unannounced inspection we received very short notice of a visit from the Dental Care Team. It was prudently decided that hosting the visit from the dentist was very important for the residents. Accordingly we used the staffing resources rostered for the day to ensure that the residents benefitted from this visit. This meant that we used the Activity Coordinator to assist in presenting the residents for dental care. This is not normal practice and every effort is made to avoid any such short term change.
I was pleased to note that the inspector was satisfied that our staffing levels are sufficient to meet the identified needs of the residents.

**Proposed Timescale:** 19/02/2016