

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Dunabbey House
Centre ID:	OSV-0000590
Centre address:	Dungarvan, Waterford.
Telephone number:	058 20991
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Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Barbara Murphy
Lead inspector:	Ide Cronin
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	28
Number of vacancies on the date of inspection:	2

About monitoring of compliance

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

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

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, 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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 18 February 2016 09:20 To: 18 February 2016 17:30

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Substantially Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This was the seventh inspection of the centre by the Authority and was completed to monitor ongoing compliance with the Regulations. The inspector reviewed eight outcomes on this inspection. The inspector also reviewed progress of the action plan from the previous inspection of the centre in December 2014.

During the inspection the delivery of care was observed and documentation such as care plans, medical records, accident/incident reports, policies and procedures and staff files were reviewed. Residents that spoke with the inspector were complimentary about their day to day life experiences and described being able to go out with family, go to the town and to local events as positive aspects of life. They also confirmed that they felt safe and attributed this to the availability of staff, their positive professional manner and having access to a call bell.

There was a safe secure outdoor garden space for residents to use. Systems were in place to ensure the environment was safe for residents, staff and visitors. There were policies, procedures, systems and practices in place to assess, monitor and analyse potential risks and control measures were in place to ensure risk was minimised. The centre was clean and well organised. The fire safety arrangements

were satisfactory and staff were familiar with the fire safety routines, the location of fire fighting equipment and the actions they were required to take should the fire alarm be activated.

Overall the inspection findings were satisfactory and where there were actions from the previous inspection they had been addressed. The inspector was satisfied that the centre was compliant with the conditions of registration granted. Areas for improvement on this inspection were identified in relation medication management.

The Action plan at the end of this report identifies mandatory improvements that must be made 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 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):

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

Findings:

There is a clearly defined management structure that identifies the lines of authority and accountability. The person in charge is supported by two assistant directors of nursing and a clinical nurse manager. The person in charge reports to the service manager for older people in the area who in turn is accountable to the provider.

The clinical nurse manager was relatively new to her post in this centre. Overall the governance structure was supportive of the clinical nurse manager and staff, with adequate communication systems in place. Management meetings were held on a monthly basis and quality and safety meetings on a bimonthly basis with records available for reference.

Effective management systems and sufficient resources were in place to ensure the delivery of care that met appropriate standards of quality and safety. The quality of care and experience of the residents was reviewed regularly through an audit programme known as quality care metrics that reviewed varied aspects of the service at regular intervals.

The areas reviewed each month included accidents/incidents, care plans, medication, falls, wound management, restraint and the environment. The inspector saw that some nurses had lead roles for specialist areas that included infection control, restraint, dementia and end of life. These staff members were responsible for ensuring adherence to good practice standards and training on these topics.

The assistant director of nursing had completed the annual review of services for 2015 and there was a quality improvement plan available for 2016. There was evidence of consultation with residents and representatives formally and informally and their feedback was used to improve the service.

Judgment:
Compliant

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

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

Findings:
The person in charge held a full-time post and was a registered nurse with the required experience in the area of nursing older people. A clear reporting system was in place with the person in charge reporting to the nominated provider. Two assistant directors of nursing (ADONs) reported to the person in charge. In the event of the person in charge being absent the nominated provider and both ADONs were available to deputise as required.

Residents and staff spoken with could identify the person in charge and understood that the role carried responsibility and accountability for the service and that issues and concerns could be addressed to the person in charge for action if necessary. The person in charge demonstrated a satisfactory knowledge and understanding of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Judgment:
Compliant

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

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

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

Findings:

The inspector found that measures were in place to protect residents from being harmed or abused. All staff had received training on identifying and responding to allegations of elder abuse. A centre-specific policy was available which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse. The clinical nurse manager and staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures. A review of incidents since the previous inspection showed that there were no allegations of abuse in the centre.

Residents spoken with stated they felt safe in the centre and were clear on who was in charge and who they could go to should they have any concerns they wished to raise. The use of restraint was in line with the national policy on restraint. The centre promoted a restraint free environment and on the day of inspection no restraints such as bed-rails or lap-belts were in use. There were no problems associated with fluctuating behaviour patterns or behaviours that challenge at the time of inspection. There was a policy that provided staff with guidance on how to manage behaviours that challenge and staff were well informed about how to manage such behaviour.

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

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 provider had put systems in place to promote and protect the safety of residents, staff and visitors to the centre. There was an up-to-date health and safety statement which was due for revision in October 2016. There was a health and safety committee

which met on a regular basis. A risk management policy that included the areas described in regulation 26(1) had been developed. There was information on general hazard identification and a risk register that outlined general and clinical risk areas. There was an adequate outline of the risks presented and the control measures in place.

The fire safety arrangements were satisfactory. A fire safety register was in place which demonstrated that regular checks were completed to ensure fire safety precautions. Fire preventative measures were in place with evidence of up to date testing and servicing of fire alarms and fire fighting equipment. A list of fire fighting equipment was available and was serviced on an annual basis as required. Fire exit routes were clearly marked. Notices indicating the nearest exit and the fire procedure were displayed at intervals throughout the building. Exit points could be seen clearly in each hallway. There were adequate means of escape and fire exits were noted to be unobstructed.

Adequate measures were in place to prevent accidents on the premises such as grab-rails in toilets and hand rails along corridors. Call bells were fitted in all rooms where required. Emergency exits were clearly marked and unobstructed. An emergency plan was in place which identified what to do in the event of fire, flood, loss of power or other possible emergency. Alternative accommodation for residents was available if a total evacuation was necessary. All staff had attended the mandatory training in moving and handling.

Infection control training had been provided to all staff. Sluice rooms and bathrooms were appropriately equipped and secure with hazardous substances appropriately stored. Good infection control practices were observed with staff utilising personal protective equipment appropriately and regular use of sanitising hand-gel which was readily accessible.

Judgment:

Compliant

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:

The inspector found staff were knowledgeable about medication management and administered medications safely. There was a comprehensive medication management policy in place to guide practice which gave clear guidance to nursing staff on areas such as ordering, transcribing, prescribing, administration of medicines 'as required' (PRN) medication, refusal and withholding medications, disposal of un-used and out of

date medications and medication errors. At the time of the inspections there were two residents self medicating. The inspector saw that appropriate risk assessments had been completed. Written evidence was available that medications were regularly reviewed by resident's general practitioner (GP).

Staff were appropriately trained in medication management and on-going informal education sessions provided by the pharmacist. A system was in place for reviewing and monitoring safe medication management practices with regular audits taking place as observed by the inspector. Medication administration sheets contained the signature of the nurse administering the medication and prescription sheets contained the necessary biographical information including a photograph, name, dosage and route of administration.

There was adequate space to include comments in instances where residents refused medication or it was withheld. However, the inspector observed that in one instance the nurse did not record the reason why a medication had been withheld for a resident which is not in line with professional guidelines. The inspector read a sample of completed prescription and administration records and saw that for the most part they were in line with best practice guidelines. The inspector observed that some medications were not individually prescribed by the prescriber which is not in line with best practice in medication management.

Medications that required special control measures were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses maintained a register of controlled drugs. Two nurses signed and dated the register and the stock balance was checked and signed by two nurses at the change of each shift.

Judgment:

Substantially Compliant

Outcome 11: Health and Social Care Needs

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

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

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

Residents had access to GP services and out-of-hours medical cover was provided. A range of health care services was available to residents, including speech and language therapy, physiotherapy, occupational therapy, psychiatry of later life and dietetic services. The inspector found that residents had been referred to these services and care plans were developed or reviewed accordingly. Care plans that were reviewed contained recorded assessments using standardised tools where appropriate and referrals based on these assessments were made in a timely manner.

Documentation and correspondence around discharges and transfers, including records of medication, were complete and accessible. The inspector noted that a nursing assessment and additional clinical risk assessments were carried out for residents. Daily notes were being recorded in line with professional guidelines. Overall care plans contained the required information to guide the care for residents. Residents and/or relatives were involved in the development of their care plans as observed by the inspector. An assistant director of nursing was responsible for practice development such as the identification of training needs in relation to areas such as medication management and care plans and the development and delivery of a training programme to meet the needs identified.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents were able to contribute to the operation of the centre and that they were able to make meaningful choices that contributed to their quality of life. The inspectors observed that staff engaged positively with residents at all times. They greeted them when they entered rooms and their interactions were noted to be cheerful, helpful and respectful. Consultation with residents was achieved through regular meetings and by circulating questionnaires to elicit their views on the service. Residents' independence was promoted by staff. The inspector saw that many residents went down town, attended day services and on the day of inspection one resident was attending a horticultural course.

There was a range of activities available within the centre and a programme of events was on display. Staff spoken with confirmed that the programme was based on their assessed needs and interests. Residents spoken with confirmed how much they enjoyed certain activities in particular the music sessions, arts and cards. The inspector observed that many residents sat in the front porch chatting amongst themselves for long periods during the day.

Residents confirmed that they could follow their religious beliefs. Mass was celebrated once a month and it was also transmitted via video link on a daily basis from the community hospital which was across the road. Care records contained information on religious practice. Residents were facilitated to exercise their political rights and could vote in local, European and national elections. On the day of inspection in-house polling was in progress as observed by the inspector.

Visitors were welcomed throughout the day and there were no restrictions on visits. Residents had access to the television, radio and to daily and local newspapers. Staff said that residents really appreciated hearing local news and they kept them up to date with community events. Community involvement was encouraged and the centre itself also fostered links and were involved in initiatives such as the local men's shed. The centre had recently purchased its own bus.

Judgment:

Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

The inspector reviewed staffing levels and discussed the staff allocation with the clinical nurse manager. From observation of care delivery, the availability of activities and the comments from residents the inspector concluded that the staff allocation was appropriate to meet the needs of residents. There was adequate information on dependency levels available and cognitive care needs as well as physical care needs were both used to make the judgement on dependency.

Residents were observed to have good relationships with staff and were comfortable and relaxed when staff approached them. Residents said they valued the way staff remembered their preferences and the ways they liked their daily routines and personal care to be carried out. The inspectors observed that call-bells were answered in a timely way, staff were available to assist residents and there was appropriate supervision in the dining room and sitting rooms throughout the inspection.

The inspector spoke with varied staff members and found that they were knowledgeable about residents' individual needs, fire procedures and the system for reporting suspicions or allegations of abuse. Staff told the inspector that they were well supported and that a good team spirit had been fostered among staff. The clinical nurse manager said that informal meetings regarding residents' needs occurred every day. As she was new to her post she was in the process of implementing regular formal staff meetings.

All staff had up to date training in the mandatory topics-adult protection, moving and handling and fire training. There was a recruitment policy in place and the inspector was satisfied that staff recruitment was in line with the Regulations. A sample of staff files was examined and the inspector noted that all relevant documents were present. The inspector observed that nursing staff had up to date registration with An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) for 2015 and this was being progressed for 2016.

Staff told inspectors they had received a broad range of training which included restraint management, documentation, hand hygiene, palliative care and responsive behaviour. As outlined under Outcome 02 effective systems were in place which underpinned learning from reviews and audits and further ensured staff were competent to deliver care in keeping with current evidence based practice. An assistant director of nursing was responsible for practice development for all staff. Copies of the Regulations and standards were readily available to staff as observed by the inspector.

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:

Ide Cronin
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Dunabbey House
Centre ID:	OSV-0000590
Date of inspection:	18/02/2016
Date of response:	04/03/2016

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 09: Medication Management

Theme:

Safe care and support

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

The inspector observed that some medications were not individually prescribed by the prescriber which is not in line with best practice in medication management.

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

1. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

Meeting held on 23 February 2016 with General Practitioner to inform him of inspection findings and discuss the correct procedure in prescribing medication. Agreement with GP to immediate prescription re-writes Staff have again been made aware of medication management policy. All staff to complete HSE LAND medication management program.

Proposed Timescale: 07/03/2016