

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Drakelands House Nursing Home
Centre ID:	OSV-0000224
Centre address:	Drakelands, Kilkenny.
Telephone number:	056 777 0925
Email address:	info@drakelandshouse.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Drakelands Nursing Home Limited
Provider Nominee:	Anne Fleck-Byrne
Lead inspector:	Ide Cronin
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	70
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: 29 June 2016 08:45 To: 29 June 2016 16:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This inspection took place to assess ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The inspector also reviewed progress on the action plan from the previous inspection carried out in March 2014. Notifications of incidents received since the last inspection were also considered and reviewed on this inspection.

The inspector met with residents, person in charge and staff members, observed practices and reviewed documentation such as care plans, accident logs, policies and procedures. The actions from the previous inspection were reviewed had been adequately addressed.

There was evidence of good practice in all areas of the service inspected. The provider who is also the person in charge and staff demonstrated an adequate knowledge of residents' needs. Overall, the healthcare needs of residents were well met and residents had good access to general practitioner (GP) services and to allied health professionals.

During the inspection, staff and management interacted with residents in a respectful and caring manner. Residents were observed to be comfortable in engaging with staff and the overall feedback from residents was complimentary of the services and care provided. Residents had the opportunity to participate in recreational activities to suit the capabilities and interests.as observed by the inspector.

The centre was found to be compliant with the Regulations in the 10 outcomes inspected, and as a result there are no actions required in the action plan at the end 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 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The statement of purpose was reviewed on a regular basis. It outlined the aims and objectives of the centre which were reflected in practice. The document had been updated to reflect the services and facilities available to residents.

It 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 was a clearly defined management structure that identifies the lines of authority and accountability. The person in charge was supported by an assistant director of nursing, a clinical nurse manager and a team of staff nurses. The management structure was designed to ensure that there was management accountability in each department such as finance, nursing, operations, catering, housekeeping, laundry and maintenance.

A management system was in place to review and develop the quality of care and residents' experience. The provider who was also the person in charge worked on a full-time basis in the centre and was very well known to residents and staff. She attended the centre on a daily basis.

The inspector viewed some audits completed by staff and management. Data was being collected on a number of indicators such as medication management, accidents and incidents, hygiene and care planning. The audits highlighted some issues and action plans were identified. The inspector saw that there was an established system in place to elicit, use and disseminate feedback through regular staff meetings.

Effective management systems and sufficient resources were in place to ensure the delivery of care that met appropriate standards of quality and safety. There was an annual review of the quality and safety of care completed by the provider and management team for 2015. Quality improvement initiatives for 2016 included a new garden development, a footpath around the fountain and switching to energy efficient lighting. The inspector observed that it was available residents, relatives and staff.

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 has changed since the previous inspection. The provider is now the person in charge. The person in charge had the necessary qualifications and experience for this post and was able to summarise the necessary governance arrangements in place such as clear reporting systems with the assistant director of nursing and senior staff, the use of communication logs and regular clinical governance meetings .

Throughout the inspection the person in charge demonstrated adequate knowledge 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 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 had been no periods where the person in charge was absent from the centre for 28 days or more since the last inspection. The person in charge was aware of the obligation to inform the Chief Inspector of any proposed absence of the person in charge.

There were clear arrangements to cover for the absence of the person in charge and the assistant director of nursing had responsibility for management of the centre when the person in charge was absent.

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:

Measures to protect residents being harmed or suffering abuse were in place. A policy on, and procedures for the prevention, detection and response to allegations of abuse was in place. 90% of staff had received training in adult protection to safeguard residents so as to protect them from harm and abuse. The remaining 10% were scheduled for 5 July 2016.

Staff knew what constituted abuse and knew what to do in the event of an allegation,

suspicion or disclosure of abuse, including how incidents were to be reported. There were no active incidents, allegations, or suspicions of abuse under investigation. There was a visitors' record located in the reception area at the main entrance.

It was noted that there was a culture of promoting a restraint free environment. There was a restraint register in place. There was a policy on the management of restraint which was in line with national policy. The inspector observed that residents who were using bedrails were doing so at their request. Consent for their use had been signed and the inspector viewed the risk assessments which had been undertaken prior to their use. The inspector saw that alternative measures such as low low beds, and bed alarms were in use.

There was a policy on the management of behaviour that is challenging. Staff spoken with were familiar with resident's behaviours and could describe particular interventions to the inspector for individual residents. Some staff had received training in management of behaviours that challenge and dementia care to ensure they have up to date knowledge and skills to respond appropriately.

The inspector spoke with the administrator in relation to management of residents' finances. The inspector found that it was sufficiently robust to ensure transparency and security.

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 governance arrangements to manage risk situations were specified. A company director was responsible for health and safety. The risk management policy contained the procedures required by Regulation 26 and Schedule 5 to guide staff. Responsibility for health and safety procedures and an organisational safety structure was included in the risk management policy and health and safety statement.

There was a comprehensive emergency plan formulated in relation to fire, all emergency situations and where residents could be relocated to in the event of being unable to return to the centre. Clinical risk assessments are undertaken, including falls risk assessment, assessments for dependency, continence, moving and handling.

Fire safety procedures were satisfactory with the fire alarm and emergency lighting

serviced quarterly and other equipment serviced annually as required. The evacuation procedure was displayed at strategic points throughout the centre. The inspector saw that staff had up to date fire training. The inspector saw that fire drills were completed, including a drill simulated with the least amount of staff that would be available to ensure safe evacuation at all times. The last simulated fire drill had taken place in January 2016.

There were systems in place to ensure good infection control management. There were hand sanitising solutions and hand gels available throughout the centre. These were noted to be used frequently by staff as they moved from area to area and from one activity to another. Hand washing and hand drying facilities were located in all toilet areas. There were good supplies of personal protective equipment available.

The training records showed that staff had up-to-date training in moving and handling. There was sufficient moving and handling equipment available to staff to meet residents needs. Each resident's moving and handling needs were identified and available to staff. Falls risk assessments and dependency levels were completed on admission.

There were arrangements in place for recording and investigating untoward incidents and accidents. The inspector noted that falls and near misses were well described and analysed on a monthly basis. There was evidence of changes to work practices taking place as a result of the monthly analysis.

Measures had been put in place to facilitate the mobility of residents and to prevent accidents. These included the provision of handrails in circulation areas, grab-rails in assisted toilets and safe flooring in toilets and bathrooms. The centre had mostly wide corridor enabling easy access for residents in wheelchairs and those people using walking frames or other mobility appliances. The centre had well-maintained gardens and an enclosed garden to the rear of the centre with seating for residents and visitors use.

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):
No actions were required from the previous inspection.

Findings:
Medication management practices were reviewed and were generally safe and policies were in place to support practice. There was a system in place to ensure that all medications were reviewed on a regular basis by a General Practitioner (GP).

Prescription and administration sheets contained required information and were completed in line with professional guidelines. Photographic identification was available on the drugs chart for each resident. The prescription sheets reviewed were legible and distinguished between PRN (as needed), regular and short term medication.

Medications that required strict control measures (MDAs) were appropriately managed and stored in a secure press in keeping with professional guidelines. Nurses kept a register of MDAs. The inspector in conjunction with a nurse checked a sample of balances and found them to be correct. Adequate refrigerated storage was in use for medications that required temperature control and the temperature of the refrigerator was monitored. The inspector noted that the medication trolleys were secured and the medication keys were kept by a designated nurse at all times.

Monthly medication audits were in place and a system for recording and reviewing medication errors was in place. The pharmacist and management team carried out joint medication audits of areas including ordering of medications, administration and storage. Support and advice was also provided as necessary by the pharmacist.

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:

The inspector reviewed a number of residents' care plans and found them to be individualised, comprehensive and kept under regular review. There was evidence from signed records on file that residents and their families had been involved in the development of their care plans.

Residents had access to appropriate medical and allied healthcare professionals. Residents had good access to general practitioner (GP) services and out-of-hours cover was also readily available. There were good multidisciplinary working arrangements and the inspector saw that professionals such as dieticians, community mental health nurses and community palliative care team contributed to care of residents. Regular contact with staff from the team for old age psychiatry ensured that residents with dementia or other mental health problems were reviewed expediently when there were changes in behaviour and mood which resulted in good outcomes for residents.

Care plans provided a good overview of residents' care and how care was delivered. On admission, a comprehensive nursing assessment and additional risk assessments were completed for all residents. This assessment was based on a range of evidence based practice tools. For example, a nutritional assessment tool was completed to identify risk of nutritional deficits, a falls risk assessment to determine vulnerability to falls and a tissue viability assessment to assess pressure area risk. The inspector noted that the range of assessments were used to inform care plans and that care was delivered in accordance with set criteria to ensure well being and prevent deterioration.

There was prompt access to the GP and allied health professionals for residents who were identified as being at risk of poor nutrition. There was on going monitoring of residents nutrition. Nutritional screening was carried out using an evidence-based screening tool. All residents were weighed regularly. Resident identified at risk were weighed on a more frequent basis. The inspector observed some residents having their lunch in the dining room, where a choice of meals was offered. All staff sat beside the resident to whom they were giving assistance and were noted to patiently and gently encourage the resident throughout their meal.

Staff spoken with had a good understanding of end of life care. Staff had completed training in this area. Individual religious and cultural practices were facilitated. Family and friends were facilitated to be with the resident when they were at end of life stage. There was evidence that the end of life needs and wishes of residents were discussed with them and/or their next of kin as appropriate and documented in a care plan. The care plans reviewed by the inspector addressed the resident's physical, emotional, social and spiritual needs. The care plans reflected each resident's wishes and preferred pathway as part of their end of life care

A good standard of meaningful social care continued to be made available to residents. Each resident's preferences were assessed and this information was used to inform the meaningful activity programme. This programme was delivered by the activities coordinators. The inspector saw residents enjoying a variety of activities during the inspection including a very interactive quiz session, one to one chats and interesting talks about current events that were topical. Residents who had dementia related conditions were encouraged to participate in the activities and were seen to enjoy the interactions and activities that were available to them. Other activities that continued to take place included arts and crafts, bingo, music therapy, and various forms of reminiscence therapy. The inspector saw that residents also went on regular outings and shopping trips.

Judgment:
Compliant

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The centre had an effective complaints management system in place, which included a complaints policy and procedure that meet the requirements of the Regulations. The complaints procedure was clear and accessible to both residents and their families. This procedure was readily displayed in a prominent location in the centre.

There was a complaints log that was used to record any complaints. The inspector read a sample of complaints that had been received and found that issues raised had been appropriately responded to by the person in charge. Details recorded included the nature of any complaint, actions taken and the outcome of the complaint including the satisfaction level of the complainant with the investigation.

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):

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

Findings:

There were appropriate staff numbers and skill mix to meet the assessed needs of residents. There were robust recruitment processes in place and from the sample of records viewed staff had up to date mandatory training. There was evidence of continuing professional development also to enhance clinical skills such as dementia care, end of life, infection control, behaviours that challenge, falls management and care planning. The inspector observed staffing levels and the skill mix on the days of the inspection and reviewed a sample of rosters provided. The inspector was satisfied that there were adequate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services.

Good interactions were observed between staff and residents who chatted with each other in a relaxed manner. Staff spoken with were knowledgeable of residents' individual needs. There were adequate staff supervising the dining room during lunch to ensure that each resident was assisted in a timely fashion. Information required by Schedule 2 of the Regulations was available in the sample of staff files reviewed. Nursing staff had the required up-to-date registration with An Bord Altranais agus Cnáimhseachais na hÉireann (the Nursing and Midwifery Board of Ireland).

There was evidence of formal supervision and appraisal in place as observed by the inspector. There were no volunteers in the centre on the day of inspection. However, the person in charge aware of the vetting procedures that need to be in place should volunteers become part of the team.

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:

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