

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Dalkey Lodge Nursing Home
Centre ID:	OSV-0000771
Centre address:	Ardbrugh Road, Dalkey, Co. Dublin.
Telephone number:	01 285 1486
Email address:	dalkeylodge@ardmorecare.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Dalkey Lodge Nursing Home Ltd
Provider Nominee:	John Martin
Lead inspector:	Nuala Rafferty
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	24
Number of vacancies on the date of inspection:	4

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
25 October 2016 09:30	25 October 2016 19:00
26 October 2016 08:30	26 October 2016 15:00

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 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	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 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate
Outcome 17: Residents' clothing and personal property and possessions	Substantially Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This was an announced inspection and formed part of the assessment of the application for renewal of registration by the provider. The inspection took place over two days and as part of the inspection, practices were observed and relevant documentation reviewed such as care plans, medical records, and risk management processes. The views of residents, relatives and staff members of the centre were also sought.

As part of the application for renewal of registration, the provider was requested to submit relevant documentation to the Health Information and Quality Authority (HIQA). All documents submitted by the provider, for the purposes of application to register were found to be satisfactory. The fitness of the nominated person on behalf of the provider and the person in charge were assessed through an ongoing fit person process. They demonstrated knowledge 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 throughout the inspection process.

A number of residents' and relatives' questionnaires were received prior to and during the inspection. The opinions expressed through the questionnaires were broadly satisfactory with services and facilities provided. In particular, they were very complimentary on the manner in which staff delivered care to them commenting on their patience, good humour and respectful attitude. However, many commented on the lack of an accessible garden space for residents to enjoy due to the delay in the proposed extension of the centre.

A good standard of nursing care was found to be delivered to residents in a respectful and patient manner. Overall, staff were knowledgeable of residents and their abilities and responsive to their needs. Safe and appropriate levels of supervision were in place to maintain residents' safety in a calm and unobtrusive manner.

Residents had access to general practitioner (GP) services and to a range of other allied health services

The inspector found there was a good level of compliance with the requirements 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. In particular there was an effective system of governance with an emphasis on continual improvement. The management team was involved in the daily operation of the centre.

They had a very visible presence in the centre and were observed to spend a lot of time with residents and their families and visitors.

Some areas of ongoing improvement were identified such as: providing meaningful activities, person-centred care and accessible outdoor space.

The Action Plan at the end of this report identifies areas where a small number of improvements are required to fully comply 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 including risk management and care plans.

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:

A written statement of purpose was available that broadly described the service provided in the centre and contained all of the information required by Schedule 1 of the Regulations.

Copies of the document were available in the centre

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:

Evidence was found that there were sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. There was a clearly defined management structure that identified the lines of authority and accountability as outlined in the statement of purpose.

Systems were in place to monitor quality and safety of care in place while data was being collated on a monthly basis on key performance indicators (KPI's) of clinical care

such as; falls: pressure injuries: medication errors and nutrition management. These KPI's are used as a way to assess the standard of care being delivered in the centre. Governance systems in place included a weekly multidisciplinary team meeting attended by the person in charge (PIC) assistant director of care, nurses, healthcare assistant and activities co-ordinator. Weekly meetings of the senior management team took place that considered clinical and non clinical risk indicators, progress on quality improvement projects, staff training, recruitment, equipment, finance and future service developments.

These systems were fully reviewed on the previous inspection in August 2016 and found to be effective.

An annual review of safety and quality of care was also in place. A report on the review was available. The report identified key performance indicators such as; staff recruitment, vetting and training; complaints analysis and service developments. Other quality care indicators were referenced to indicate the standard of and safety and quality of service being delivered. Residents' consultation and feedback processes including regular meetings were referenced and feedback from relatives via a suggestion box was also referenced. However, the person in charge did acknowledge the need to have a more formal satisfaction survey as a way of soliciting input from relatives going forward.

Judgment:
Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Governance, Leadership and Management

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

Findings:

Each resident had an agreed written contract which deals with the resident's care and welfare. The contract included all details of the services to be provided for that resident and the fees to be charged.

This included a list of facilities and services provided including laundry, meals, and housekeeping. Services offered in the centre which incurred additional fees were listed. A guide to the centre was available to all residents. This described the centre services, management, complaints procedure, and contact information for useful external bodies. Communal areas such as the lobby also had information on display regarding the complaints procedure, evacuation instructions, detail's of staff on duty and contact details for advocacy services.

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 centre was managed by a suitably qualified and experienced nurse. The person in charge took up the position since the last registration inspection in the centre and held authority, accountability and responsibility for the provision of the service. Through an assessment process it was noted that there was regular engagement in the governance, operational management and administration of the centre. The person in charge facilitated the inspection process by providing documents and having good knowledge of residents' care and conditions and was focused on developing a culture of quality improvement and learning to drive improvements in the standard of care delivered to residents.

The inspector was informed that since the last inspection, the director of care had been appointed as the person in charge for another centre in the group on an interim basis. The inspector did not find that there was a negative impact on the governance of Dalkey Lodge as a consequence of this at this stage.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre

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

Theme:

Governance, Leadership and Management

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

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

Findings:

Actions from the last inspection arose where residents' privacy was not fully maintained through inappropriate storage of confidential information. Some records were stored on an open shelf in a communal area. This action was fully addressed on this inspection and the inspector was shown that the records were now stored securely in a locked cupboard.

Records set out in Part 6 of the Regulations were available and kept in a secure place. The Statement of Purpose and Residents' Guide was complete and available. A copy of the insurance cover in place was provided which meets the requirements of the Regulations.

The directory of residents was reviewed and was found to meet the requirements of the Regulations and was up to date with records of admissions discharges and transfers maintained.

It was found that, overall, general records as required under Schedule 4 of the Regulations were maintained including key records such as appropriate staff rosters, accident and incidents, nursing and medical records and operational policies and procedures as required by Schedule 5 of the Regulations. Policies were reviewed on a regular basis and within the three year timeframe required by the regulations.

It was found that all records listed in Schedule 2 and Schedule 23 of the regulations were being maintained in terms of accuracy and were updated regularly. The inspector reviewed a sample of staff files and found that they met all of the requirements listed in Schedule 2.

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:

Suitable arrangements were in place for periods of absence of the person in charge and the provider complied with his responsibilities to notify the Authority when a change occurred to both the person in charge and the nominated person to replace them. The fitness of the assistant director of care to replace the person in charge in the event of an absence was determined through an assessment process during the inspection. The

assistant director of care was found to be resident focused, aware of the roles and responsibilities of the position and had the qualifications and experience required by the legislation.

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:

Promotion of a restraint free environment was maintained with bed rails in use for only one resident at the time of inspection. The inspector observed a high use of alternative measures such as: ultra low beds; crash mats; and a 360 degree bed sensor system linked to the call bell alarm system. These alternatives combined with staff vigilance provided an effective alternative to falls management and resident safety.

Staff had received training on the prevention of elder abuse and all staff spoken too were clear on their role and responsibilities in relation to reporting abuse. Procedures to protect residents, such as a robust recruitment system, staff induction and training were also in place and implemented.

In conversations with them, residents told the inspector that they felt safe and secure in the centre and relatives also confirmed that they did not have any concerns for the safety of their loved ones.

The provider informed the inspector that they did not act as pension agents for any of their current residents. The provider did make provision to assist a small number of residents to safeguard small sums of money, and showed the inspector the system in place. The inspector was satisfied that the system which involved, all monies given in for safekeeping and subsequently withdrawn, recorded and signed by two persons. Receipts for purchases were not held by the provider as the staff were not involved in assisting residents to make purchases.

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):

No actions were required from the previous inspection.

Findings:

Emergency lighting and fire fighting equipment, directional signage and appropriate fire procedures were available throughout the building.

The internal and external premises and grounds of the centre appeared safe and secure, with appropriate locks installed on all exterior doors and a register of visitors was available. A CCTV system was in place externally. The centre was found to be visibly clean and clutter free.

Completed logs were maintained on daily, weekly, monthly and quarterly tests and checks of fire equipment, doors, exit routes and emergency lighting. Certification of testing and servicing of extinguishers, fire retardant materials and the alarm system were documented. The building's fire and smoke containment and detection measures were appropriate to the layout of the building and exits were free of obstruction. A personal evacuation plan for each resident that identified their level of mobility and assistance required to evacuate, possible compliance with an evacuation process or whether close supervision was needed following evacuation was available in each bedroom.

All staff had received training in fire safety within the past 12 months and were familiar with what actions to take in the event of a fire alarm activation. The Inspector was told regular fire drills were held which included activation of the fire alarm, staff responded by checking the fire panels on each floor which were located at the nurses' station. All staff were familiar with the principles of horizontal evacuation. Regular simulated evacuation drills were held. These drills also included simulation of an actual evacuation using night staffing levels to determine the competency of staff to use evacuation equipment such as evacuation sheets and practicing the principles of all forms of evacuation.

A risk register was established which was regularly reviewed and updated. Governance and supervision systems were in place to monitor residents at risk of falls, wandering or negative interactions. Emergency lighting and fire fighting equipment, directional signage and appropriate fire procedures were available throughout the building. The internal and external premises and grounds of the centre appeared safe and secure, with appropriate locks installed on all exterior doors and a register of visitors was available. The centre was found to be visibly clean and clutter free. A CCTV system was in place, primarily externally but corridors and also the internal aspect of the exit door at the bottom of the dining room was also monitored.

Completed logs were maintained on daily, weekly, monthly and quarterly tests and checks of fire equipment, doors, exit routes and emergency lighting. Certification of testing and servicing of fire extinguishers and the alarm system were documented. Fire and smoke containment and detection measures were in place and exits were free of obstruction.

Individual evacuation plans were available for all residents. These identified the level of mobility, level of assistance required to evacuate and level of possible compliance with an evacuation process. It also identified whether close supervision was needed following evacuation. Fire training was provided on a regular basis and had been delivered within the last 12 months. Staff spoken too were familiar with the actions to take in the event of a fire alarm activation. Staff were also familiar with the principles of evacuation responses based on the individual plans in place for residents.

But it was found that in some cases, particularly where residents were assessed as requiring use of emergency sheets to evacuate staff responses were not always consistent. It was also noted that where some residents were assessed as requiring these evacuation sheets, the sheets were not always properly fitted to facilitate their correct and swift use. The Inspector found that regular simulated evacuation drills were not held such as, simulation of an actual evacuation to determine the competency of staff to implement the individual evacuation plans and to use evacuation equipment such as evacuation sheets.

Appropriate arrangements for investigating and learning from serious incidents/adverse events which identified residents who were at risk of falls and put in place appropriate measures to minimise and manage the risks was in place. A risk register was established which was regularly reviewed and updated. Governance and supervision systems were in place to monitor residents at risk of falls, wandering or negative interactions. These were reviewed on an ongoing basis.

Inspectors observed that staff implemented the principles of current Moving & Handling guidance when assisting residents to transfer.

Systems to support staff knowledge and implementation of best practice to ensure good infection prevention and control were in place

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:

Actions from the last inspection were required to ensure that the actual times medicines were administered by the nursing staff were accurately recorded where this differed from the time the medicine was prescribed for administration. This was fully addressed on this inspection. The inspector reviewed medication practices in full on the last inspection and found that medication management and administration practices were found to adhere to current professional guidelines. This was also found on this

inspection.
Judgment: Compliant

<i>Outcome 10: Notification of Incidents</i> <i>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</i>
Theme: Safe care and support
Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.
Findings: A record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector.
Judgment: Compliant

<i>Outcome 11: Health and Social Care Needs</i> <i>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.</i>
Theme: Effective care and support
Outstanding requirement(s) from previous inspection(s): Some action(s) required from the previous inspection were not satisfactorily implemented.
Findings: Actions required from the last inspection related to: all risk assessments were not fully completed; and care interventions were not recorded in a timely manner. Both of these actions were fully addressed on this inspection. The inspector found that, although actions required in relation to, assessment of capacity to give consent for procedures and effective reviews of care plans, were not fully completed, improvements in all areas were found.

There was evidence that the well being and welfare of residents was being maintained through the provision of a good standard of nursing medical and social care.

Evidence of timely referral to a range of medical and allied health professionals was found. Documented visits, assessments and recommendations by dietician, and speech and language therapists, physiotherapy and occupational therapist were seen. Residents were also reviewed by opticians, dentists and chiropody services on a regular and as required basis. However, the system to ensure follow up on requests for referrals was not fully effective. It was noted that in a small number of cases, evidence of follow ups to check the status of referrals and/or outpatient appointments was not available. The inspector did not find evidence of any negative outcome to the residents due to this, but where requests for referrals were made by the nursing team a number of months earlier, there was no confirmation that the referral or appointment had been made.

Samples of clinical documentation including nursing and medical records were reviewed. These showed that all recent admissions to the centre were assessed prior to admission. Transfer of information within and between the centre and other healthcare providers was good. Discharge letters for those who had spent time in acute hospital and letters from consultants detailing findings after clinic appointments were maintained.

The arrangements to meet residents' assessed needs were set out in individual care plans and each resident file reviewed had a care plan completed. A number of core risk assessment tools to check for risk of deterioration were used. Improvements were noted from the last inspection, in that risk assessments were fully completed and assessments were in place for most identified needs. However, it was noted that a process to determine residents' capacity to understand complex issues and make informed decisions was not yet in place. This was discussed with the provider and person in charge who were aware of the provisions of the Decision Making Capacity Act 2015 and the requirement for an assessment of capacity to be made and supports provided to enable self determination for residents. Actions further to the last inspection included a revised pre admission assessment to identify whether a prospective resident requires formal assessment and changes to internal procedures to seek and review consent.

A number of care plans referred to family involvement in the care planning process, where family were consulted for decision making or to seek and give information relating to the resident.

The systems in place to make sure healthcare plans reflected the care delivered and were amended in response to changes in residents' health were implemented by the nursing team. Care plans were found to be detailed enough to guide staff on the appropriate use of interventions to manage the identified need. Efforts to plan care in a person centred and holistic manner were noted on a small number of care plans.

However, although nursing documentation was good further improvements were needed to make sure it was clear and co-ordinated. These included; the reviews of care plans although regular did not always consider the effectiveness of the interventions to manage and/or treat the need. Risk assessments, care plans and nursing progress notes were not fully linked to give an overall picture of residents' current condition.

Judgment:

Substantially Compliant

Outcome 12: Safe and Suitable Premises

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

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The design and layout of the centre was broadly in line with the statement of purpose. This nursing home was not purpose built, and consisted of a large house with accommodation provided over two floors. Bedroom accommodation consists of 25 single rooms, eight with en suite toilet and wash-hand basin, eight with no en suite, nine with full shower en suite and one twin-bedded room with full shower en suite. There are three wheelchair assisted shower rooms with toilets, and one separate wheelchair assisted toilet located throughout the building. Communal space consists of two sitting rooms and a dining room.

The premises were fully reviewed at the last registration inspection and no structural changes have taken place since then.

The maintenance both internal and external was of a good overall standard.

Maintenance staff were observed on site at the centre. They attended to daily reports from staff and upkeep of the premises. The inspector found that the location of bathrooms and toilets although not en-suite were in close proximity to residents bedrooms. There were two dirty utility rooms in the centre, one on each floor, but, it was noted these did not have mechanical extraction ventilation, and malodours were noted in one during the inspection. The provider gave assurances that this would be remedied and informed the inspector that ventilation units were ordered on the day following the inspection.

Assistive equipment was in place and available for use and in good working order, service records were up to date and maintenance contracts were in place.

All bedrooms were of sufficient size and layout for the residents, appropriately decorated and with adequate storage for belongings including lockable space for valuables. Privacy screening was in place in multi occupancy rooms.

Overall it was found that adequate private and communal space was provided and the design, layout and decor of the centre provided a comfortable and tastefully furnished

environment for residents.

On the previous registration inspection in 2013 it was noted that there was a lack of signage and colour cueing to orientate residents, particularly those with dementia. Improvements to the outdoor space were required. These findings were replicated on this inspection. Comments contained in questionnaires received from residents and relatives expressed dissatisfaction with the lack of an accessible outdoor space for residents to enjoy.

This was discussed with the provider during the inspection. The provider was aware of the lack of a suitable accessible garden space for residents and relatives. This was, in part, due to the delay in progress of the planned extension to the centre. An accessible area at the rear of the centre had been excavated in preparation for the extension, which, it was hoped, would now commence in January 2017. The provider had submitted plans which included the provision of an internal courtyard which will include planted areas and safe accessible walkways as part of the proposed extension. The provider also discussed his intention to upgrade the existing centre following the completion of the works described which will include appropriate signage and colour cueing to improve way finding for all residents.

The inspector was satisfied that the provider had plans in place to address the deficits identified and therefore an action has not been included in this report.

Judgment:

Non Compliant - Moderate

Outcome 13: Complaints procedures

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Policies and procedures which comply with legislative requirements were in place for the management of complaints. Residents were aware of the process which was displayed.

On review of the record of complaints there was evidence that all complaints were documented, investigated and outcomes recorded. Complainants were notified of the outcomes and a review was conducted to ascertain the satisfaction of the complainant further to issues being resolved.

Judgment:

Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Equipment and facilities for residents and relatives were available to meet religious and spiritual needs.

A determination on the standard of end of life care delivered could not be fully made as no resident was receiving end of life care at the time of the inspection.

Access to specialist palliative care services were available when required.

Some evidence was available that residents will or preference was sought in relation to issues such as emotional, social and spiritual needs, place of death or funeral arrangements.

Judgment:

Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

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

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

Findings:

Actions required from the last inspection to ensure resident's privacy and dignity were fully maintained through person centred attention at meal times were fully addressed on this inspection. There were sufficient staff available to provide one-to-one assistance to residents' who required assistance with their meals.

Residents were provided with food and drink at times and in quantities adequate for their needs. A four week rolling menu was in place to offer a variety of meals to residents.

Assistance was observed and was offered to residents in a discreet, patient and sensitive manner by all staff.

Most residents took their meals in the dining room and tables were appropriately set

with cutlery condiments and napkins. Residents spoken with all agreed that the food provided was always tasty hot and appetising. The main kitchen was located beside the dining room. Food was served directly from there by a team of staff and was well presented. Modified consistency diets were served appropriately with each element of the meal presented in separate portions on the plate. Residents on modified consistency diets also received the same choice of menu options as others. Drinks such as water, milk, tea and coffee and fresh drinking water at all times were available. Evidence of referral to relevant allied health professional including dietician or speech and language therapists was found and there was a system in place to monitor the intake of residents identified as at risk of malnutrition. Intake was recorded on the computerised system in sufficient detail to enable a determination of the adequacy of the intake be made.

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:

Some evidence that residents were consulted with and participated in the organisation of the centre was found. Overall, residents' rights, privacy and dignity were respected, with personal care delivered in their own bedroom or in bathrooms with privacy locks. Moreover, residents had the right to receive visitors in private. There were no restrictions to visiting in the centre and the inspector observed several visitors throughout the two day inspection.

Resident meetings were held bi-monthly, where residents were consulted about future activities or outings and facilitated to give feedback on how the centre was run. These meetings were facilitated by an external advocate. The minutes of some meetings were viewed and showed that the person in charge was invited to attend at the beginning of each meeting to give updates on the progress made to previous suggestions or issues raised. Issues raised by residents and discussion on follow up actions included; apologies for inconvenience due to the delay on the extension from person in charge; inclusion of residents in deciding the colour scheme in bedrooms and sitting rooms for new extension; residents satisfaction with pharmacy and new laundry arrangements; major request for more outings as residents frustrated at lack of outdoor space, person in charge promised to make a special effort to increase number of outings in good weather. Notices reminding residents and relatives of upcoming outings in October and

November were posted in the sitting room and entrance hallway. Outings included; trips to the Bowling alley; Dalkey castle and a shopping trip. A halloween party was also arranged for the bank holiday Monday in the centre.

The Inspector was told that residents were enabled to vote in national referenda and elections with the centre registered to enable polling. Access to advocacy services was available and contact details for advocacy services were displayed.

Appropriate and respectful interactions were observed throughout the day between residents and staff who respected resident's dignity and choice during care interventions and in their daily routine. In conversation with some residents the inspector was told they were satisfied with the care provided and many spoke warmly of the friendly and helpful attitude of staff. All said they felt very safe. The inspector observed residents' general and personal daily activities in the centre. Staff were observed to assist most resident's with their activities of daily living such as washing dressing and eating. Staff told the inspector that some residents remained active and independent and did not require assistance with all activities. The inspector was also told that staff respected each resident's right to choose the extent of personal care received on a daily basis. For example, when or how frequently they wished to have a shower or a bath. However, although the majority of residents looked well groomed and well presented the inspector observed that some would have benefitted from more attention to detail such as hair washing and styling. Also, on review of the records for care interventions, over a period of the previous four weeks, evidence that all residents choice or personal preferences were met (or their stated preferences as advised by next of kin) to have a shower weekly or bi-weekly, was not available.

An activities programme was in place delivered by an activities coordinator. The programme was delivered over six days each week and included both group and one to one activities. It included a mix of activities, intended to stimulate residents both physically and mentally, such as: arts and crafts, music, adapted basketball, and question and answer quizzes. However, the programme did not include therapies and activities to reflect the needs of those with dementia such as reminiscence and sensory stimulation. It was also noted the programme was not linked to the information gathered in the form of residents' life stories in order to include purposeful activities linked to former interests or lifestyles. The inspector observed that there was little meaningful mental or sensory stimulation provided to residents during the inspection. The inspector observed an activity session during one morning of the inspection. The activities scheduled were for one hour each and included ring tossing and a Gaelic session. However, the Gaelic session did not take place. The inspector observed that residents were seated in armchairs or specialised seats, most of which were lined up against the walls of the sitting room. Some residents, with communication difficulties, and/or sensory impairments such as dementia or hearing problems, were seated at one end of the room together. The Gaelic session was replaced by discussion on newspaper articles and general conversation. However, due to the seating arrangements, the inspector found that those residents with communication difficulties were not involved in the discussions or conversations. Staff were also observed to concentrate most of their time with residents who could verbalise and engage in conversation with them. This meant that there was little encouragement provided to residents with communication difficulties to participate in the activities, and opportunities to sit with these residents, to try to dispel loneliness or boredom and encourage communication were missed.

Comments included on questionnaires received from residents and relatives as part of the inspection process, indicated dissatisfaction with the level of activity in the centre. The comments replicated the findings of the inspection. Some comments on the suitability of activities included: " No, for example, afternoon movie, (name of resident), seated under screen with his back to it"; ' exercise class does not really participate and is one of a large cohort of people": " little or no activities which are intellectually stimulating.

Other comments included in the questionnaires expressed satisfaction with the care provided. Examples included: " my (relative) is treated with dignity and respect at all times". " very welcoming atmosphere at all times", " (relative) finds the staff very friendly patient and caring".

Changes some residents and relatives would like to see included; more intellectually stimulating activities, a different layout in the sitting room and some outdoor space with somewhere to walk.

The inspector was told that a two hour period was set aside each evening to provide one-to-one time to residents who remained in bed or in their bedrooms for long periods of time due to frailty or personal preferences. Records of these activity sessions with level of participation or benefit derived from these periods were not always recorded.

Judgment:

Non Compliant - Moderate

Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There were arrangements in place for regular laundering of linen and clothing and the safe return of clothes to residents. Residents had access to a locked space in their bedroom if they wished to use it to store their valuable belongings.

A policy and procedure on residents' personal property was in place that included the completion of an inventory on clothes and valuables belonging to residents upon admission. However, in a sample of those reviewed, some records of valuables received on a resident's behalf or records of furniture brought by a resident into the room occupied by them were not maintained.

Judgment:

Substantially 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:

An action was required further to the last inspection to ensure there were sufficient ancillary staff on duty to facilitate the delivery of person centred care to all residents at all times. This was addressed on this inspection.

Suitable and sufficient direct care staffing and skill mix were found to be in place to meet the needs of the current resident profile.

The staff rota was checked and found to be maintained with all staff that worked in the centre identified.

Systems were in place to provide relief cover for planned and unplanned leave. Actual and planned rosters were in place. Cover for planned and unplanned leave was provided within the current staff complement. This also included a formal on-call arrangement of the person-in-charge and the assistant director of care. Staff would contact the manager on-call who would arrange to cover unplanned absences, or fill staffing gaps as a result of unexpected transfers or care needs on night shifts.

Records reviewed showed that staff had been provided with opportunities to receive updated training in areas such as: safeguarding; moving and handling; fire safety; first aid; dementia care and food hygiene; pressure ulcer prevention; assessment and care planning and person centred care. Samples of attendance records were also viewed. Appropriate and respectful interactions were observed throughout the day between residents and staff. Overall it was noted that resident's dignity and choice was respected during care interventions and in their daily lives.

A formal staff appraisal system was established that discussed the continuous performance and training of staff with each staff member.

Effective staff supervision and development processes were in place and there was an emphasis on team spirit. Good recruitment processes were in place including a Garda vetting process. Identity checks were also conducted for all overseas staff recruited. The inspector verified that all nurses were registered with the Irish Nursing Board.

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:

Nuala Rafferty
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:	Dalkey Lodge Nursing Home
Centre ID:	OSV-0000771
Date of inspection:	25/10/2016
Date of response:	17/11/2016

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 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:

Some records of valuables received on a resident's behalf or records of furniture brought by a resident into the room occupied by them were not maintained.

1. Action Required:

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

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

the Chief Inspector.

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

- We have completed a review of all inventory lists considering feedback from our inspector and acknowledge there were gaps in a small number of inventory lists (Complete)
- This issue will be addressed by ongoing education to staff on the admission process and the importance of capturing resident inventory on admission (30th November 2016)
- A review of the inventory list is to be completed and where appropriate changes to made, to assist staff in identifying the appropriate items that are required to be recorded. (30th November 2016)
- An internal audit on inventory lists to be completed by Assistant Director of Care. (30th November 2016)

Proposed Timescale: 30/11/2016

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

Reviews of care plans did not include a determination of the effectiveness of the plans to manage the needs identified.

2. Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

- Staff to receive education regarding developing and evaluating care plans. This training is to be provided by Assistant Director of Care. (31st December 2016)
- Sample evaluations have been created by the person in charge for a number of residents to assist with training and act as reference points to staff going forward (Complete)
- Appreciating that care planning has improved significantly since the last inspection, Care plans will be further revised, improved and developed to improve clarity and specificity to each residents unique and individual needs , so that all staff can measure interventions and their effectiveness in caring for residents. (31st December 2016)
- Assistant Director of Care to complete an audit on all resident care plans. (31st December 2016)
- The person in charge will conduct a sample audit of care plans, focusing on effectiveness and evaluation of interventions (14th January 2017)

Proposed Timescale: 14/01/2017

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

All residents did not have opportunities to participate in activities in accordance with their interests and capacities.

3. Action Required:

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

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

- The activities programme is under a review at present and will be revised based on feedback from residents received via the Residents Committee, activities surveys and from information received through the inspection process (December 14th 2016)
- The team are looking at activities that will enable all residents to participate in daily activities by consulting with external activity suppliers to improve the breadth and variety of activity choices (November 30th 2016)
- Staff training to be provided to staff actively engaged in providing activities to the residents. (31st January 2017)
- Survey relating to activities to be developed and completed by residents and family members. Findings will assist management in selecting appropriate activities for all our residents. (31st January 2017)
- Activity Co-ordinator to review resident's keys to me and to adjust resident's activities timetable to reflect their interests. (31st January 2017)
- Ongoing support from the PIC & ADOC to be provided to activities co-ordinator in developing new role. (Ongoing)
- Utilise the resources within the Care Group for sharing ideas, develop a monthly forum. (31st January 2017)
- A weekly schedule of 1 to 1 activities that meets residents individual needs will be improved and implemented based on residents assessed interests and ability with regard to activities (22nd December 2016)
- An audit on the effectiveness of the revised activities programme will be carried out to assess the proposed improvements and include resident feedback (14th February 2017)

Proposed Timescale: 14/02/2017

Theme:

Person-centred care and support

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

Evidence that all residents choice or personal preferences were met in relation to personal care was not available.

4. Action Required:

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

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

- Staff meeting held to discuss and educate staff on the importance of assessing and documenting choice with regard to personal care preferences. (Completed October 2016)
- Each residents preferences regarding personal care is now discussed at handover each morning to ensure that the care staff member responsible understands the residents preferences and wishes with regard to personal care and that this is adhered to. (Completed October 2016)
- The Assistant Director of Care requested a change to the daily flows documentation to ensure personal care choices are being accurately recorded and documented at all times to better reflect practice. (Completed October 2016)
- Assistant Director of Care to monitor this regulatory requirement closely through daily supervision of care practices and review of residents documentation. (Ongoing Quality Improvement)
- The person in charge will ensure an audit is carried out to measure the effectiveness of these plans and assure that there has been an improvement in practice (22nd December 2016)

Proposed Timescale: 22/12/2016