

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Darraglynn Nursing Home
<b>Centre ID:</b>	OSV-0000220
<b>Centre address:</b>	Carrigaline Road, Douglas, Cork.
<b>Telephone number:</b>	021 436 4722
<b>Email address:</b>	darraglynn1@eircom.net
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Darraglynn Nursing Home Limited
<b>Provider Nominee:</b>	Margaret O'Sullivan
<b>Lead inspector:</b>	John Greaney
<b>Support inspector(s):</b>	Maria Scally
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	18
<b>Number of vacancies on the date of inspection:</b>	7

## 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 following an application to vary registration conditions. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
24 May 2016 08:45	24 May 2016 18:15
25 May 2016 07:25	25 May 2016 13:00

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

<b>Outcome</b>	<b>Our Judgment</b>
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	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 10: Notification of Incidents	Non Compliant - Moderate
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 13: Complaints procedures	Substantially Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Substantially Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

Darraglynn Nursing Home is a 25 bedded facility situated approximately one kilometer from Douglas village. The centre had previously been an 18 bedded facility but had recently been extended and renovated to a good standard. The works included the addition of 10 more bedrooms, the renovation of existing bedrooms, the extension of the dining room, new enclosed outdoor space, a new sluice room, new

laundry facilities, new staff facilities and the designation of some bedrooms for other uses. The centre is a single storey facility; however, a basement was added as part of the renovations that was used for staff facilities, a laundry and a store room.

This inspection was in response to an application by the provider to increase the capacity from 18 to 25 residents. Overall, inspectors were satisfied that residents received care to a good standard. The providers and person in charge were knowledgeable of their obligations under the relevant standards and regulations, and demonstrated a commitment to providing a high standard of care to residents. Nursing and care staff were knowledgeable of residents' needs and provided a high standard of care. There was good access to GP services, including out-of-hours and residents were referred for review by allied health and specialist services when indicated.

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

Even though care was provided to a good standard, some improvements were required, most notably in relation to medication management. The system in place for prescribing, supplying and administering medications required review to ensure that prescriptions were accurate and that medicines supplied by the pharmacy and administered by nurses correlated with each other. For example, inspectors noted discrepancies between prescriptions and administration records and prescriptions were not always legible.

Additional required improvements included:

- the risk assessment tool for the use of restraint required review
- an allegation of abuse was investigated under the complaints process
- whether or not the complainant was satisfied with the outcome of a complaint was not always recorded
- the risk register did not include all identified risks
- there was inadequate screening between the beds in shared bedrooms.

The Action Plan at the end of the report identifies what improvements are needed to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

***Outcome 01: Statement of Purpose***

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The statement of purpose consisted of the aims, objectives and ethos of the designated centre and statement as to the facilities and services that were to be provided for residents. All items listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were detailed in the statement of purpose.

**Judgment:**

Compliant

***Outcome 02: Governance and Management***

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

There were adequate resources to support the effective delivery of care. There was a clearly defined management structure with identified lines of authority and accountability. Nursing staff, healthcare assistants, catering staff and housekeeping staff

reported to the person in charge, who in turn reported to the providers. The person in charge met formally each month with management, and minutes of these meetings were available for review. Both of the providers worked in the centre as nursing and or care staff and were available to the person in charge for informal consultation outside of regular management meetings.

There was a comprehensive programme of audits and evidence of action in response to issues identified. Results of audits were discussed at quality management meetings, including progress in addressing required improvements. There was an annual review of the quality and safety of care and a report was published that was available to residents, relatives and staff. The review included consultation with residents. The provider was advised that the report of the annual review could be enhanced by including more detail about the results of audits.

**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:**

Inspectors saw that all residents had a signed contract of care in place. A sample of three contracts were reviewed in full. They were seen to set out the services to be provided and the fees to be charged. The contracts examined were dated and signed by the resident and or their representative.

There was a policy on the provision of information to residents which included the residents' guide. This guide included a summary of the services and facilities provided, the procedure respecting complaints and the arrangements for visits. The guide was updated during the course of the inspection as requested by the inspector to include the terms and conditions relating to residence which is a requirement of the regulations.

**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***

<i>the service.</i>
<p><b>Theme:</b> Governance, Leadership and Management</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> There was a person in charge who worked full-time, was suitably qualified and experienced in the area of health and social care, and had the required experience in the area of nursing older persons.</p> <p>There was evidence that the person in charge was engaged in the governance and day-to-day operational management of the centre. Observations of inspectors indicated that the person in charge was knowledgeable of residents' individual needs and residents were aware that he was the person in charge.</p> <p>Based on interactions with the person in charge throughout the inspection, inspectors were satisfied that the person in charge demonstrated sufficient clinical knowledge and an adequate knowledge of legislation and his statutory responsibilities.</p>
<p><b>Judgment:</b> Compliant</p>

***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.***

<p><b>Theme:</b> Governance, Leadership and Management</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> The action(s) required from the previous inspection were satisfactorily implemented.</p> <p><b>Findings:</b> The inspector reviewed a sample of staff files and found that they contained all of the information required under Schedule 2 of the regulations. Records were kept securely, were accessible and were kept for the required period of time. Residents' records were kept in a secure place.</p>

The residents' directory was up-to-date and contained all matters referred to in Schedule 3.

The centre was adequately insured against accident or injury and insurance cover complied with the all the requirements of the regulations.

Inspectors found that the medical and nursing records were comprehensive. The care plans and the record of care provided to residents were accurately documented.

All of the key policies as listed in Schedule 5 of the regulations were in place and kept under regular review. There was evidence of ongoing staff education on the operating policies and procedures and staff demonstrated a clear understanding of these policies.

**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 was no period when the person in charge was absent for a period in excess of 28 days since the last inspection and the registered provider was aware of their obligation to notify HIQA should this arise. There were adequate arrangements in place for the management of the centre in the absence of the person in charge.

**Judgment:**  
Compliant

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

**Theme:**  
Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

There was a policy in place for the prevention, detection and response to abuse. All staff members had received up-to-date training on recognising and responding to abuse. Staff members spoken with by the inspector were knowledgeable of what constituted abuse and what to do in the event of suspicions or allegations of abuse.

Some improvements, however, were required in relation to the process for investigating allegations of abuse. Based on a review of records, an allegation of abuse had been investigated under the complaints process. While records indicated that the allegation was adequately investigated and was found not to have occurred, the providers and person in charge were informed by inspectors that allegations of abuse should be investigated under the safeguarding process.

There were adequate systems in place for the management of residents' finances. The centre held small sums of money for safekeeping on behalf of residents and adequate records were maintained of all transactions for and on behalf of residents.

There was a policy in place for managing responsive behaviour (also known as behavioural and psychological signs and symptoms of dementia). There were no residents in the centre on the days of inspection that presented with responsive behaviour. Based on discussions with staff, staff had the knowledge and skills to appropriately respond to and manage incidents of responsive behaviour.

There was a policy on the management of restraint. The only form of restraint in use was in the form of bedrails and only a small number of residents had bedrails in place. Residents were assessed prior to the use of bedrails and safety checks were in place while bedrails were in use. The person in charge was requested to review the risk assessment tool to ensure it supported an objective assessment of the risks associated with the use of restraint.

**Judgment:**

Substantially 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:**

There was an up-to-date safety statement, signed and dated by the person in charge. There was a risk management policy that adequately addressed the items set out in the regulations. There was a risk register that identified risks from the perspective of each individual resident, rather than from the perspective of the centre as a whole and residents as a group. The person in charge was requested to review the risk register to ensure it incorporated all risks in the centre, particularly in relation to changes that have been made since the centre was renovated. For example, the risk register did not include the risk of choking associated with the placement of disposable gloves and aprons in dispensers on corridors or the height of the railing in the enclosed garden in relation to the risk of absconding.

The inspector reviewed the accident and incident log. Each individual incident was reviewed and improvements identified to minimize the chance of reoccurrence. Records indicated that accidents and incidents were reviewed at the quality management meeting where any trends were identified.

There was an emergency plan for responding to emergencies such as power outage, heat outage, loss of water supply and the safe placement of residents in the event of a prolonged evacuation.

There were reasonable measures in place to prevent accidents in the centre such as safe floor covering, handrails on corridors and grab rails in toilets and bathrooms. Based on records viewed by the inspector all staff had received up-to-date training in manual handling.

Measures in place for the prevention and control of infection included a colour-coded cleaning system, a cleaning schedule and hand hygiene gel located at suitable points throughout the centre. Improvements since the last inspection included the provision of a new sluice room with a sluice sink, bedpan washer, and hand washing facilities. Clinical waste was stored to the side of the building in a locked container. All wash hand basins had taps that supported good hand hygiene practices

The inspector reviewed the fire safety register that indicated a process of preventive maintenance for the fire alarm, emergency lighting and fire safety equipment, such as fire extinguishers. Records indicated that all staff had received up-to-date training in fire safety. Fire drills were held regularly and staff members spoken with by the inspectors were knowledgeable of what to do in the event of a fire.

**Judgment:**

Substantially 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:**

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. Medications were stored appropriately, including medications requiring refrigeration, and the fridge temperature was monitored and recorded.

Significant improvements were required in relation to medication management practices. Medicines were supplied to the centre based on a prescription sent directly to the pharmacy from the various general practitioners (GPs) that attended the centre. A medication administration record (MAR) was then created by the pharmacy, based on this prescription, which was sent to the centre and signed by nurses following administration of medicines. A separate prescription was available in the centre that was handwritten and signed by GPs. Based on a review of prescription and MAR records by inspectors, the prescription sheet in the centre did not match the MAR records and therefore medicines were not being administered in accordance with the prescription held in the centre. For example, one resident was prescribed a medicine twice daily, however, according to the MAR it was being administered once daily. Another resident was prescribed a medicine twice daily; however the dose of the medicine supplied and administered did not correlate with that prescribed on the prescription sheet held in the centre. Additionally, some prescriptions were illegible and it was confirmed to inspectors that the GP had to be contacted by phone in order to clarify what was prescribed on one prescription. Some prescriptions had dosages with lines drawn through them and another dosage written in, which does not support safe medication management practices.

There were audits of medication management practices. While a recent audit had identified the above issues and actions had been taken to address the discrepancies, the action taken did not always correct the discrepancy. The providers and person in charge were advised that a full review of medication prescription, supply and administration practices was required to support safe medication management practices.

Medications governed under the misuse of drugs Act (MDA) Schedule 2 were stored appropriately and were counted at the end of each shift and the count was verified by two nurses' signatures. There were adequate procedures in the process for the return of unused or out-of-date medicines.

**Judgment:**

Non Compliant - Moderate

***Outcome 10: Notification of Incidents***

***A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.***

**Theme:**

Safe care and support
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> It is a requirement of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 that all serious adverse incidents are reported to HIQA. A notification of an allegation of abuse of a resident had not been sent to HIQA. While records indicated that the allegation was adequately investigated and was found not to have occurred, it is still a requirement that any allegation of abuse is notified to HIQA within three days of the event occurring.</p> <p>A record of all incidents occurring had been maintained in the centre and all other notifications had been submitted as required.</p>
<p><b>Judgment:</b> Non Compliant - Moderate</p>

<p><b><i>Outcome 11: Health and Social Care Needs</i></b> <b><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></b></p>
<p><b>Theme:</b> Effective care and support</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> The action(s) required from the previous inspection were satisfactorily implemented.</p> <p><b>Findings:</b> Inspectors were satisfied that residents' health and social care needs were regularly assessed and monitored on an ongoing basis.</p> <p>Residents were regularly reviewed by their general practitioner (GP) and allied health services such as physiotherapy, speech and language therapy, occupational therapy and dietician services were available. Dietetics and speech and language services were provided by a company that supplied nutritional supplements. The physiotherapist was available on a private basis and the occupational therapist was provided by a medical supplies company. These services were also available through the public health service, however, there was a long waiting period. Records indicated that nursing staff provided care in accordance with any specific recommendations made by medical and other allied health professionals.</p>

Inspectors reviewed a sample of residents' nursing records, including residents with wounds. Records indicated that written nursing care plans were in place for each resident and these outlined the care required. Records were reviewed to reflect the care that was needed if a resident's condition or circumstances changed. There was evidence of good practice in relation to the management of wounds with the use of assessment charts and photographs and the involvement of wound care services. Care plans and daily nursing notes demonstrated that evidence-based nursing care was planned as well as provided and residents' progress was closely monitored.

**Judgment:**

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):**

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

**Findings:**

Darraglynn Nursing Home is a 25 bedded facility situated approximately one kilometre from Douglas village. The centre had previously been an 18 bedded facility but had recently been extended and renovated to a good standard. The work included the addition of 10 bedrooms, the renovation of existing bedrooms, the extension of the dining room, new enclosed outdoor space, a new sluice room, new laundry facilities, new staff facilities and the designation of some bedrooms for other uses. The centre is a single storey facility; however, a basement was added as part of the renovations that was used for staff facilities, a laundry and a store room.

On the days of the inspection the centre was bright, clean and decorated to a good standard. Bedroom accommodation comprised 21 single bedrooms and two twin bedrooms. Twenty of the single bedrooms and one of the twin bedrooms were en suite with toilet, shower and wash hand basin. In addition to the en-suites, sanitary facilities include two bathrooms, each of which had an assisted shower, toilet and wash hand basin; an assisted toilet; a toilet for catering staff; and a staff toilet. Communal facilities comprised two sitting rooms and a dining room. There was also an enclosed external garden.

Bedrooms were adequate in size to meet the needs of residents living in the centre on

the days of the inspection and some were personalized with residents' personal belongings and possessions. Some improvements, however, were required. The curtains in the twin bedrooms did not provide adequate privacy and not all residents had lockable storage in their bedrooms.

The premises was well maintained and in a good state of repair. There was evidence of a programme of preventive maintenance for equipment such as beds, hoists, mattresses, chair scales and wheelchairs. There was a functioning call bell system.

**Judgment:**  
Substantially 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:**  
Inspectors saw an up-to-date complaints policy dated 1 November 2014 that was centre-specific. Inspectors found that there was an open approach to complaints and residents told inspectors that they would speak with the person in charge or a member of the management team if they had any complaints. There was a nominated complaints officer, a nominated person who held a monitoring role to ensure that all complaints were responded to and an independent appeals process was also available if residents, relatives or staff were not happy with the response to a complaint.

The procedure for making complaints was on display in the centre, however, it did not clearly reflect the independent appeals process and so required updating.

**Judgment:**  
Substantially 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

<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> There was an up-to-date policy in place providing guidance on the care of residents approaching end-of-life. There was a system in place to ascertain the end-of-life preferences of all residents and this was recorded in an end-of-life assessment document. A number of residents had "Not for Resuscitation" instructions and there was evidence of a clinical rationale for these decisions and discussion with residents and or their relatives was clear.</p> <p>There were no residents at active end-of-life stage on the days of inspection. Feedback from relatives of a recently deceased resident was complimentary of the care provided and of the way the family were supported throughout the process. There was good access to palliative care services. As there were only two twin bedrooms, residents usually had access to a single room at end-of-life. Staff and residents confirmed that religious practices were facilitated.</p>
<p><b>Judgment:</b> Compliant</p>

<p><b><i>Outcome 15: Food and Nutrition</i></b> <b><i>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.</i></b></p>
<p><b>Theme:</b> Person-centred care and support</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> The action(s) required from the previous inspection were satisfactorily implemented.</p> <p><b>Findings:</b> There was a policy in place on monitoring and documenting residents' nutritional status. Residents received a nutritional assessment on admission and at regular intervals thereafter using a recognised evidence-based assessment tool. Residents were weighed monthly and there was evidence of action in response to any changes in weight.</p> <p>Referrals were made to dietician services for nutritional review and advice, and speech and language therapy if a resident had swallowing difficulties (dysphagia). When nutritional supplements were required, these were prescribed by GPs on the advice of a dietician. There was evidence available in residents' records that allied healthcare recommendations were implemented by staff, such as the provision of appropriate diets and this was observed by inspectors. There was a system in place for communicating</p>

modified or special diets to catering staff and staff members spoken with were knowledgeable of residents' nutritional needs and requirements.

Breakfast commenced at 07:30hrs each morning and most residents had their breakfast in their bedrooms. Residents that wished to have their breakfast later in the morning were supported to do so. The menu was varied, food appeared to be nutritious and residents were offered a choice at mealtimes. Residents requiring assistance were assisted in a dignified and respectful manner by staff. Residents had access to fresh drinking water and snacks were offered between meals and in the evening.

**Judgment:**

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):**

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

**Findings:**

There was an external independent advocate available to residents or relatives should they wish to obtain help to make a complaint or require assistance to express their views. Inspectors reviewed records of advocate visits and the issues that had been raised with advocates during their visit. However, although staff stated that they were always open to implementing improvements to the service, there was not always evidence available to reflect that action had been taken by management in response to issues raised.

Inspectors noted that a survey had been completed in relation to residents' satisfaction with services provided in the centre. Inspectors noted that the respondents to this survey reported significantly high levels of satisfaction with the services provided.

Staff were observed treating residents and speaking about residents in a courteous and respectful manner.

As stated in Outcome 12, Safe and Suitable Premises, there was inadequate screening between beds in the twin-bedded rooms to ensure the privacy and dignity of residents was maintained at all times.

The centre was suitably resourced with adequate daily entertainment and leisure facilities such TV, radio, newspapers and magazines. Activities were available in the centre such as karaoke, bingo, individual SONAS sessions, physical activities sessions and reflexology. Inspectors saw residents participating in and enjoying the various activities and residents told the inspectors how important and beneficial they were to them.

There was an open visiting policy and there were a number of areas throughout the centre where each resident could receive visitors in private.

The centre was suitably resourced with adequate daily entertainment and leisure facilities such TV, radio, newspapers and magazines.

Residents were facilitated to exercise their civil, political and religious rights. The person in charge confirmed that residents can vote in the centre if they wish while some residents prefer to go to their own constituency to vote. Residents' religious preferences were ascertained and facilitated.

Residents have access to a portable telephone in the centre should they wish to make calls in private.

**Judgment:**  
Substantially Compliant

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

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

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

**Findings:**  
There was a written policy on residents' personal property dated 22 November 2014 and possessions and inventories were maintained of individual resident's valuables. Bedrooms were personalized and residents were facilitated to have their own items, such as pictures, if they so wished. However, there was no lockable storage available for residents in the older bedrooms in the house although this facility was provided in the newer rooms. This was not in line with regulations nor the centre's own policy on residents' personal property which stated that 'a lockable facility is provided for each resident in each bedroom'. This is addressed under Outcome 12 Safe and Suitable Premises.

There were adequate laundry facilitated with systems in place to ensure that residents' own clothes are returned to them.

**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:**

Inspectors reviewed a sample of staff rosters, observed practices and conducted interviews with a number of staff. During the days of inspection it was observed that the number and skill mix of staff working was appropriate to meet the needs of the residents. There was a nurse on duty at all times. Staff were supervised appropriate to their role. Inspectors also reviewed a proposed roster to take into account the increase in resident numbers from 18 residents to 25 residents following the expansion of the centre.

Records indicated that education and training was available to staff to support them in the provision of evidence-based care. Records indicated attendance at training on issues such as nutrition and hydration, end-of-life care, medicines management, infection control. All staff had also attended training on fire safety, manual handling and protection of vulnerable adults. Staff spoken with were aware of the policies and procedures about the general welfare and protection of residents. Staff were also aware of the Health Act 2007, regulations and standards and could access these if required.

Current registration was available for all nursing staff. A review of a sample of staff files indicated that the requirements of Schedule 2 of the regulations were in place.

**Judgment:**  
Compliant

## Closing the Visit

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

### **Acknowledgements**

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

### ***Report Compiled by:***

John Greaney  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Darraglynn Nursing Home
<b>Centre ID:</b>	OSV-0000220
<b>Date of inspection:</b>	24/05/2016
<b>Date of response:</b>	01/06/2016

### 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 07: Safeguarding and Safety

#### Theme:

Safe care and support

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

The person in charge was requested to review the risk assessment tool to ensure it supported an objective assessment of the risks associated with the use of restraint.

#### **1. Action Required:**

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the

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

website of the Department of Health from time to time.

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

Existing risk assessment tool will be reviewed to ensure an objective assessment of the risks associated with the use of restraint.

**Proposed Timescale:** 30/07/2016

**Theme:**

Safe care and support

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

Some improvements, however, were required in relation to process for investigating allegations of abuse. Based on a review of records, an allegation of abuse had been investigated under the complaints process. While records indicated that the allegation was adequately investigated and was found not to have occurred, the providers and person in charge were informed by inspectors that allegations of abuse should be investigated under the safeguarding process.

**2. Action Required:**

Under Regulation 08(4) you are required to: Where the person in charge is the subject of an allegation of abuse investigate the matter, or nominate a person who is a suitable person to investigate the matter.

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

Required regulatory guidelines will be followed, If similar circumstances arise in future.

**Proposed Timescale:** 31/05/2016

**Outcome 08: Health and Safety and Risk Management**

**Theme:**

Safe care and support

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

The person in charge was requested to review the risk register to ensure it incorporated all risks in the centre, particularly in relation to changes that have been made since the centre was renovated. For example, the risk register did not include the risk of choking associated with the placement of disposable gloves and aprons in dispensers on corridors or the height of the railing in the enclosed garden in relation to the risk of absconding.

**3. Action Required:**

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout

the designated centre.

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

The risk register will be updated to incorporate all risks in the centre, including changes that have been made since the centre was renovated.

**Proposed Timescale:** 30/08/2016

**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:**

Significant improvements were required in relation to medication management practices. For example:

- based on a review of prescription and MAR records by inspectors, the prescription sheet held in the centre did not match the MAR records or medicines supplied to the centre and therefore medicines were not being administered in accordance with the prescription held in the centre
- some prescriptions were illegible and it was confirmed to inspectors that the GP had to be contacted by phone in order to clarify what was prescribed on one prescription
- some prescriptions had dosages with lines drawn through them and another dosage written in, which does not support safe medication management practices
- while a recent audit had identified the above issues and actions had been taken to address the discrepancies, the action taken did not always correct the discrepancy.

**4. 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:**

1. All concerned GPs ( Prescriber) will be contacted and corrective actions requested regarding the discrepancies between MAR records and prescription
2. Additional information and clarification is always gathered from concerned GPs regarding illegible prescriptions. The option of electronic prescription will be discussed with GPs.
3. All GPs (Prescriber) will be requested to use a new line in the prescription chart when any changes are made to the existing dosage.
4. A request will be made to all concerned GPs (Prescriber) to be extremely careful when they address the discrepancies in the prescription record.
5. We will continue to make all possible efforts to identify the discrepancies and illegibility in the prescription records and make sure that those mistakes will not reach our residents.
6. All GPs (Prescriber) and Pharmacist will be consulted to improve the existing

'Prescription' and 'MAR' system.

**Proposed Timescale:** 30/08/2016

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

**Theme:**

Safe care and support

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

A notification of an allegation of abuse of a resident had not been sent to HIQA.

**5. Action Required:**

Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

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

Required notification will be sent to HIQA, if similar circumstances arise in future.

**Proposed Timescale:** 31/05/2016

### **Outcome 12: Safe and Suitable Premises**

**Theme:**

Effective care and support

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

Not all residents had lockable storage in their bedrooms.

**6. Action Required:**

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

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

All residents will be provided with a lockable storage in their bedrooms

**Proposed Timescale:** 30/08/2016

### **Outcome 13: Complaints procedures**

**Theme:**

Person-centred care and support

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

It was noted that whether or not the resident was satisfied with the outcome of the complaint was not consistently recorded.

**7. Action Required:**

Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

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

Whether or not the resident was satisfied with the outcome of the complaint will be consistently recorded in future.

The pending signature is now obtained from the next of Kin to confirm that the resident and the next of kin is satisfied with the outcome of the complaint.

**Proposed Timescale:** 31/05/2016

**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:**

There was inadequate screening between beds in the twin-bedded rooms to ensure the privacy and dignity of residents was maintained at all times.

**8. Action Required:**

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

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

Screening between beds in the twin-bedded rooms will be modified to ensure the privacy and dignity of residents is maintained at all times

**Proposed Timescale:** 30/08/2016

**Theme:**

Person-centred care and support

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

There was not always evidence available to reflect that action had been taken by management in response to issues raised by residents.

**9. Action Required:**

Under Regulation 09(3)(d) you are required to: Ensure that each resident is consulted about and participates in the organisation of the designated centre concerned.

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

Appropriate actions are always taken by the management in response to any issues raised by residents. In future a record of 'management's response' to all resident's committee meeting reports will be completed irrespective of whether there was an issue or not.

**Proposed Timescale:** 31/05/2016