

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Dunlavin Nursing Home
<b>Centre ID:</b>	OSV-0005381
<b>Centre address:</b>	Dunlavin, Wicklow.
<b>Telephone number:</b>	045 406 628
<b>Email address:</b>	dunlavin@silverstream.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Dunlavin Nursing Home Limited
<b>Provider Nominee:</b>	Joseph Kenny
<b>Lead inspector:</b>	Sheila McKevitt
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	0
<b>Number of vacancies on the date of inspection:</b>	60

## About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration 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:
19 September 2016 10:30	19 September 2016 17:30
20 September 2016 09:00	20 September 2016 14:30

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	Substantially 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	Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	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	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

This was an announced inspection by the Health Information and Quality Authority (HIQA) in response to an application by Dunlavin Nursing Home Ltd (the registered provider) to register a new centre under the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2013. The inspection assessed the level of compliance with the Health Act 2007 (Care and Welfare of Residents in

Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

The application submitted by the provider was to provide accommodation for a maximum of 60 adults within a purpose built single storey building located within close proximity to the village of Dunlavin in Co Wicklow. The centre was to provide care to residents who required long term care, respite care, convalescence care, palliative care and dementia care. As part of the application for registration, the provider submitted all necessary documents.

The inspection took place over two days, during which the inspector met the provider nominee, Mr Joseph Kenny, the person in charge (Director of Nursing), the clinical manager, and quality and risk manager for the company, the assistant director of nursing and other staff. The inspector also reviewed relevant documentation, and inspected the premises.

The location, design and layout of the centre is suitable for its stated purpose and should meet residents' individual and collective needs. The inspector observed a small number of issues in relation to the premises which required completion.

There was a clear management structure in place. Management systems were in place to ensure that the service to be provided was safe, appropriate to meet residents' needs, consistent and effectively monitored. The person in charge (Director or nursing) has the required experience in the area of nursing of the older person and qualifications in health service management. The person in charge demonstrated a good understanding of the statutory responsibilities of the post.

The centre had developed policies and procedures relating to health and safety, including risk management to ensure that the health and safety of residents, visitors and staff is protected. There were systems in place to ensure residents' needs would be met with a high standard of nursing care and with access to appropriate medical and allied health care professionals. Residents would be consulted about and participate in the organisation of the centre and each resident's rights would be upheld. There were policies and procedures in place to ensure all residents were appropriately safeguarded and protected. The centre had recruited a number of staff, and was committed to providing suitable induction and further training to ensure that there were suitable staff and skill mix to commence admissions to the centre.

The inspector was provided with assurances that any issues identified during the course of the inspection would be addressed.

The centre was found to be compliant with the Regulations in all 17 of the 18 outcomes, and the actions required are outlined in the action plan at the end of this report.

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

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

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

**Theme:**

Governance, Leadership and Management

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

This was the centre's first inspection by the Authority.

**Findings:**

A revised copy of the statement of purpose was made available to the inspector on the day of the inspection. The statement of purpose outlined the overall aim of the centre and other details as specified in Schedule 1 of the Regulations. However, minor changes were required to ensure it reflected services and facilities which would be available to residents. For example, the organisation structure required review. This was discussed in detail with the person in charge during the inspection. The staffing detailed in the statement of purpose were the projected whole time equivalents when the centre would be at the maximum capacity of 60 residents.

**Judgment:**

Substantially 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):**

This was the centre's first inspection by the Authority.

**Findings:**

Management systems were in place to ensure that the service to be provided was safe,

appropriate to residents' needs, consistent and effectively monitored. There was a system in place to conduct audits and reviews of the safety and quality of the service. There was a clear management structure in place, however, as mentioned under outcome one this required review.

The person in charge was the director of nursing for the centre. The person in charge was supported by an assistant director of nursing. Three clinical nurse managers were scheduled to commence employment in the centre. The clinical nurse managers (CNMs) would report directly to the assistant director(s) of nursing, and the registered nurses would report to the CNMs. The health care assistants would report to the registered nurses.

There was a management support team in place within the group to support the person in charge. This support team included the chief executive officer of the company, who was also the provider nominee. The team also included the chief operating officer, clinical governance manager, quality and risk manager, human resources manager, finance manager, maintenance and marketing manager. The person in charge reported to the clinical governance manager who reported to the chief operating officer she then reported to the provider.

The person in charge explained how she would submit key performance indicators on a weekly basis to the clinical governance manager. These included notifications to the Authority, incidents/accidents/complaints, pressure ulcers, dependency levels, residents with dementia, and other staff related issues.

Once each month the clinical governance manager planned to meet with the person in charge and the assistant director of nursing to discuss governance issues. All this information would be fed up to the provider from the clinical governance manager at monthly senior management meetings. There was a proposed meeting schedule in place for the centre with dates outlined for a number of these management meetings.

The inspector was informed that a schedule of clinical audits would be implemented within the centre as per the operating procedure for other designated centres within the group. Examples of the data generated from these clinical audits was made available to the inspector and outlined a comprehensive auditing programme that included nutrition, infection/antibiotic use, diabetes, resident incidents, use of restraint and those residents exhibiting behaviours of concern. Audits would also be conducted to monitor the number of residents with pressure ulcers and medication management.

The inspector was satisfied that the centre would be sufficiently resourced and the quality of care delivered audited on a continuous basis.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The residents' guide which will be made available to each resident was shown to the inspector. This guide outlined the services and facilities in the centre, and all other information as specified by Regulation 20.

The inspector reviewed the pre printed contract of care available within the centre which outlined details of the services to be provided, the fees to be charged and also details of other services available within the centre and the additional charges to be levied if availed of.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The person in charge was the director of nursing of the centre. The person in charge was a registered general nurse and was rostered to work full-time within the centre. She has the required experience in the area of nursing of the older person. She has a certificate in management and employee relations. The person in charge demonstrated a good understanding of her statutory responsibilities, and was committed to continued professional development and outlined plans to undertake a post graduate higher diploma in gerontology in 2017. A fit persons interview was scheduled for a date post this inspection to determine her fitness as person in charge of the centre as outlined under section 50 of the Health Act 2007.

**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):**  
This was the centre's first inspection by the Authority.

**Findings:**  
There were systems in place to ensure that the records listed in Schedules 2, 3 and 4 of the Regulations would be maintained accurately, securely and be easily retrievable within the centre.

The inspector reviewed a sample of four staff files available at the time of the inspection. They contained the necessary documents as specified in Schedule 2 of the Regulations, although three of the four staff were awaiting a vetting disclosure to be issued. There were copies of documents submitted for Garda vetting on file. As there were no residents' in the centre this did not pose any risk. The person in charge informed the inspector that no staff would commence work until they had garda vetting in place.

As this was a newly built centre there were no resident documents as specified in Schedule 3 for the inspector to review. The inspector was shown sample assessment and care planning documentation including templates for documenting required information. There was a template of the directory of residents as required by Regulation 19 available to record all information as specified in Schedule 3 of the Regulations.

The centre had all the written policies as required by Schedule 5 of the Regulations available for review. However, some required adjustments to ensure they reflect proposed practices in Dunlavin Nursing Home rather than the Silver Stream group.

The centre had insurance in place against injury to residents and also to cover residents' personal effects.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The person in charge was aware of the requirement to notify the Chief Inspector of any proposed absence for a period of more than 28 days. There were appropriate arrangements in place for the management of the centre during any such absence.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

There was a policy in place outlining procedures to be followed for the prevention, detection and response to abuse within the centre.

All staff had training completed during their induction programme and those spoken with had a good, clear understanding of their role in the prevention, detection and response to abuse in the centre.

There was a policy available on the management of behaviour that is challenging. Staff who had completed their induction had been provided with training which equipped them with the knowledge and skills on how to respond to and manage behaviour that is challenging.

The person in charge explained how she was aiming for a restraint free environment. There was a system for monitoring restraint in place within the other nursing homes in the Silver Stream Group and the inspector was informed that this system would also be

implemented in this centre to include monitoring of the use of safety bed rails, specialised chairs, seat/lap belts and wandering control devices. There was a range of restraint documents available to ensure all restrictive practices were appropriately documented, assessed and monitored. These documents included a list of possible interventions to avoid using restraint. The centre had all low beds with integrated bed rails which could be locked in a non use position.

The provider nominee, person in charge and assistant director of nursing were all aware of the procedure for responding to allegations of abuse and of the need to ensure there was appropriate levels of staff supervision.

All bedrooms had a lockable area in the bedside locker for residents to secure their valuables. There was a policy in place on residents' personal property, finances and possessions. A system would be put in place to manage valuables and cash for residents and the inspector was shown a sample resident safe register that included a double signature system for each valuable/cash transaction.

Closed Circuit Television (CCTV) was in use internally in the corridors and communal rooms and externally at doorways in at grounds. There was a policy in place to reflect there use. The inspector was informed that the reception desk would be manned during the day. At night time the night staff on each unit would control entry and exit in through the entrance gate and the front door by use of an intercom. However, it was observed that there was no camera at the front gate, therefore staff could not identify who was requesting access prior to letting them into the grounds at night. The inspector was informed prior to the end of the inspection that an additional (CCTV) camera would be put at the front gate. This would ensure night staff could observe personnel requesting access to the grounds at night time.

**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):**  
This was the centre's first inspection by the Authority.

**Findings:**  
There were systems and procedures in place in the centre to ensure that the health and safety of residents, visitors and staff would be protected.

A health and safety statement had been developed for the centre. There was a risk management policy in place and an associated risk register that met the requirements of

Regulation 26 including the measures and action in place to control resident abuse, challenging behaviour, absconson, self harm, accidental injury and aggression and violence. Comprehensive hazard identification and risk assessments had been conducted in the centre. The clinical risk register included environmental, occupational and clinical risks. There was an emergency plan in place that outlined the evacuation of residents to arranged accommodation in two nursing homes in the surrounding area. However, the person in charge had plans to seek access to the local community centre located in close proximity to the centre. The inspector was informed that incident and accidents would be recorded on the computerised system, reviewed and monitored to ensure that contributing factors could be identified and necessary learning could be implemented.

There were policies in place relating to infection control and hand sanitising dispensers were located throughout the centre.

A fire safety management strategy had been prepared for the centre. The main fire panel for the alarm system was located in the reception area, and there were repeater panels located at the nurses' station on each of the three units. There were plans on display at various locations throughout the centre indicating the location of fire exits. The fire evacuation procedure was on display on the day of the inspection. An inventory of fire safety equipment including extinguishers and fire blankets was available in the centre. There were self closing devices on the fire doors on every room in the centre, and there were fire resisting doors with automatic closing devices located on the hallways throughout the centre. An emergency lighting system was in place throughout the centre with emergency exits appropriately indicated. There were plans in place to conduct a weekly fire alarm test during which all fire doors would be tested. There were albac mats available to evacuate non ambulant residents as beds could not be moved out through bedroom doors. A small number of albac mats were mounted on corridor walls. The inspector was informed that staff had been trained on how to use these mats. Ski sheets were not in use in the centre.

There was an emergency call system in place in all bedroom, bathrooms and communal rooms. The inspector was informed that staff would receive training from an external company during their induction and that there would be annual refresher fire training for all staff. The inspector was shown the template for recording fire drills and this included a space to document an action plan to address any anomalies identified during the drill. There was also a template personal emergency evacuation assessment plan (PEEP) that would be used to develop individual evacuation plans for residents based on their mobility, capacity, sensory ability and the level of assistance required. The provider had obtained written confirmation from a fire safety engineer that the nursing home met the necessary fire building regulations. This opinion of compliance was based on certification issued for a number of fire safety elements including the fire detection and alarm final commissioning certificate and the emergency lighting commissioning certificate.

Manual handling training was being provided to all staff during their induction programme.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

There were policies in place relating to the ordering, prescribing, storage and administration of medicines to residents. There was secure storage including separate fridges, medication trolleys and controlled drugs safes in place in each nurses station on the ground, first and second floors. The centre had arranged for a retail pharmacy business to supply medicines to the centre, and had also made arrangements for a pharmacist to visit the centre on a regular basis. A range of template documents relating to medication management were made available to the inspector including-medication management competency assessment drug round, medication error reports, sample medication administration record forms, warfarin recording sheets, resident self-administration assessment forms, pharmacy consent forms, adverse reaction forms, benzodiazepine and psychotropic medication audit form, controlled drug checklist and controlled drugs registers. The person in charge was aware of procedures for the handling of medicines including controlled drugs and for handling unused and out of date medicines. There were procedures to ensure medication practices would be reviewed and monitored.

**Judgment:**

Compliant

***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

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

This was the centre's first inspection by the Authority.

**Findings:**

The person in charge was knowledgeable of the requirement to notify the Authority of incidents as set out in the Regulations. Notifications would be monitored at a management level within the company.

**Judgment:**  
Compliant

***Outcome 11: Health and Social Care Needs***

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

**Theme:**  
Effective care and support

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

This was the centre's first inspection by the Authority.

**Findings:**  
There were systems in place to ensure each residents' health and social care needs would be met.

The person in charge and the assistant director of nursing intended to carry out all pre admission assessments, and the inspector was shown the standard pre admission assessment form that would be used. An admission schedule had been developed by the management team and submitted as part of the application to register the centre. The care planning process would involve the use of validated tools to assess residents' risk of falls, nutritional status, level of cognitive impairment, skin integrity and dependency levels. The inspector was shown samples of the care plans in place in other nursing homes operated by the company, and the format clearly outlined the problem identified, the goal and the interventions required. There were sample care plans available for a number of different assessed needs including communication, recreation and social, mobility, personal cleansing and dressing including skin integrity, nutrition and spirituality and dying. Care plans would be reviewed at least every four months or sooner if necessary.

The inspector was shown a service level agreement between the centre and the medical centre (based in the village) to facilitate access to general practitioner (GP) services. One of the two GP's from this medical centre would visit the centre twice weekly and would also be available to attend the centre if required in the event of an emergency during agreed daytime hours.

Periodic prescription reviews would be conducted. Residents would be facilitated to access another GP service if they wished to do so. The centre would also have access to an out of hours GP service. The centre had service level agreements in place with a physiotherapy and chiropody service. The person in charge had also arranged for external companies to provide optical, dental, dietician, tissue viability, speech and language and occupational therapist services to residents'. She had also made contact

with the local acute hospital to discuss access to psychiatry of old age services and the local geriatrician team. There would be systems put in place to ensure the appropriate exchange of information at admission and discharge, and a template emergency transfer letter was available to document the necessary information.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The location, design and layout of the centre was suitable for its stated purpose and should meet residents' individual and collective needs. The centre was designed to accommodate a maximum of 60 residents.

This nursing home is a new purpose built single storey building. The 60 bedrooms were located across three units, Railway unit contained 24 single en-suite bedrooms, Market and Stream units both contained 18 bedrooms. The main entrance is wheelchair accessible and the main door is access controlled to prevent unauthorised entry. The reception area is bright, spacious and contains a seating area and a coffee bar. There is access to a hairdresser room, a visitors' room, a visitors' toilet and the person in charges office off the reception area. The services area situated behind the reception area is also accessible via double doors.

Each of the three units had a clinical room, nurses station, sluice room, a bathroom containing a bath and toilets accessible to wheel chair users. The inspector observed that the sluice rooms did not contain all the required equipment as outlined in the National standards for Residential Care Settings for Older Persons in Ireland 2016. Also, wash hand basins had not been installed in all clinical and cleaning rooms. Some windowless cleaning and sluice rooms had no electronic ventilation system installed. There were two large dining rooms with kitchenettes accessible to residents'. There is a day room in each unit with a large sitting room and open plan seating area in the centre of the building. The communal space available per resident is at least 5.5 square metres. They were all fully furnished with tables, chairs, clocks, wall mounted televisions and points of interest. These points of interest included musical instruments, activity games,

rummage boxes and book shelves. They appeared homely. A treatment room was available to residents'.

The single en suite bedrooms in the centre ranged in size from 12.7 square metres to 14 square metres. En-suite and bathroom doors were painted the same colour to enable residents' to recognise toilet/bathrooms independently. Each bed room had a different colour scheme including the bedroom doors. The single bedrooms contain low-low beds, a bed side locker, a wardrobe, two chairs, a bedside table, a clock and a wall mounted television. Each window had curtains in place.

There was a call bell system in operation throughout the centre, with call bells in all bedrooms, bathrooms, en suite bathrooms and communal rooms accessible by residents. The provider nominee confirmed that all call bells were fully functional, and the sample checked by the inspector during the inspection were all operating. However, residents' could not access a call bell when using either of the three baths in the centre. Window restrictors were in place on all windows. Internal audits were made available to the inspector that outlined the checks completed on the hot water temperature was less than 43 degrees Celsius. En-suites, all corridors, and assisted toilets, were fitted with grab rails. The centre had procedures in place to prevent outbreaks of legionella in the water system. A schedule of cleaning had been put in place since the main construction work had been completed. The centre had a maintenance person to work in the centre.

The centre had a number of hoists of different types available in the centre. A sample of specialised mattresses were in place suitable these would be purchased to meet resident needs. A large store room was available for equipment storage.

The kitchen in the centre was fully operational on the day of the inspection, the environmental health officer had been consulted about its design. Staff facilities included changing rooms, toilets, shower, staff room and training room.

The laundry had two doorways, to facilitate an appropriate flow system to ensure segregation of dirty and clean laundry, one for laundry in and one for laundry out. The laundry was equipped with two large washers, two driers and a large roller iron. Hand washing facilities were also available in the laundry. The nursing home would process all laundry internally.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

There were policies and procedures in place to ensure complaints would be well managed in the centre.

The inspector was shown the complaints/comments investigation form which contained a summary of the information relating to each complaint, including details of any investigation and the resultant findings. The form included space to record the satisfaction of the complainant with the course of action taken, and any corrective actions taken including details of any learning to be disseminated to staff. The complaints process was outlined in the residents' guide to ensure residents and their families were aware of the procedure. The complaints procedure was not on display on the day of the inspection but the inspector was shown the procedure ready to be put on display and was assured it would be displayed in a prominent position. The director nursing (person in charge) was the nominated person to deal with complaints and the compliance manager was the nominated person to ensure complaints are responded to and that appropriate records are maintained. The complaints procedure outlined the internal appeals process and also detailed contact details for advocacy services, and the office of the ombudsman.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

There were written operational policies and procedures in place for end of life care to ensure residents receive care which meets their physical, emotional, social and spiritual needs.

The person in charge had a special interest in end-of-life care, having winning an award for this area of clinical practice. The centre had access to specialist palliative care services. The inspector reviewed a sample of end of life assessments and care plans which addressed residents wishes regarding spirituality and dying. The person in charge had also developed an end of life feedback form for residents' families to complete. This would enable them to continually develop and/or maintain a high standard of end-of-life

care to residents'.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

There was a policy in place for monitoring and documentation of nutritional intake. The head chef showed the inspector around the main kitchen and outlined the processes in place to ensure the kitchen would be aware of the special dietary requirements of each resident. Sample menus for a four week period had been prepared outlining a menu of food that was varied and offered choice to residents regarding their main course, dessert and evening meals. These had been reviewed by a dietician. A selection of snacks would be available 24 hours a day on request. Fresh drinking water and a range of other drinks would be available to residents.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The management and staff in the centre would ensure that residents were consulted with regarding the organisation of the centre. Residents' rights would be respected and activities would be available in line with their interests and preferences.

The person in charge stated resident committee meetings would be held on a regular basis. Topics to be discussed would include anything brought up by residents'. The person in charge had organised with Sage (support and advocacy service for older persons) for an independent advocate to come into the centre and lead out on these meetings. In addition, this person would be available, as required to support residents'. There contact details would be posted on notice boards (accessible to residents') in each of the three units together with minutes of meeting and were also outlined in the residents' guide. There was also a suggestion box located in each unit.

An activities co-ordinator had been employed. The person in charge stated that there was no planned activity programme designed to date. They planned to consult with residents' first and determine their preferences, a wide range of activities would be available including gardening, baking, knitting, live music, reminiscence, pet therapy, crafts and fit for life classes. The person in charge had made contact with the local photography club. They had provided a large number of old photographs of people and places from the surrounding area to the centre. These were framed and on display throughout the centre. The inspector was informed that there was a bridge club in the village one morning each week, bingo in the village community hall each Saturday evening and a friendship club for older persons. The person in charge had met with all these groups and they were open to residents' joining and also expressed an interest in coming into the centre. There was also a library in the centre who had agreed to visit the centre. A local intellectual disability community group ran a coffee shop in the village and they were in discussion with the person in charge about managing the small coffee bar located in the reception area of the centre.

Sample communication care plans were available for the inspector to review with the goal of ensuring residents could communicate effectively. Wi Fi was available throughout the centre and Skype facilities would also be available. Televisions were available in all bedrooms and also in the living rooms. The person in charge explained that a newspaper service would be available for residents, and a number of daily and weekly papers were on display on the day of the inspection including the local weekly paper and the farmers journal.

Residents' religious needs would be met. The roman catholic priest for the parish had blessed the centre and agreed to say Mass in the centre one day per week, the person in charge stated that the local community would be made welcome to attend this Mass if residents' were in agreement. Residents' would also be facilitated to attend daily Mass in the parish church if they wished. The person in charge had plans to meet the local church of Ireland minister. The centre had purchased a portable altar. The person in charge had also made links with an established choir in the area.

The inspector was informed that residents' would be registered to vote as they were admitted.

The visitors' policy was outlined in the residents' guide and there was a visitors' room

just off the reception.

**Judgment:**

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):**

This was the centre's first inspection by the Authority.

**Findings:**

There was a policy in place on personal property, finances and possessions. The person in charge outlined the procedures in place to ensure personal property would be kept safe through appropriate record keeping. All clothes would be labelled in the centre and there was suitable laundry facilities and systems to ensure linen and clothes would be regularly laundered and returned to the residents. There was adequate personal storage available in each bedroom which included a locker with a lockable drawer and wardrobe.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

Recruitment had begun. The inspector was informed that staff had been recruited and commenced employment to ensure the needs of residents' occupying one of the three

units could be met once the centre received its Certificate of Registration.

The person in charge provided the inspector with a list of staff employed in the centre at the time of the inspection. Registered nurses, health care assistants, a maintenance person, the head chef, an administrator and housekeeping staff had been employed by the company with a phased starting date schedule in place. A training calendar had also been put in place to ensure staff received induction, those spoken with confirmed they had completed fire, manual handling and prevention, detection and response to elder abuse. They had also received training on infection control, cardio pulmonary resuscitation and extensive training on policies and procedures. Induction training also included information on the regulations. The person in charge explained how she used a training matrix to ensure staff training was up to date and to identify training requirements.

Human resource policies and procedures were in place. The inspector reviewed a number of the staff files and found that they complied with the requirement of Schedule 2 of the Regulations. Garda vetting was not in place for all staff but copies of the Garda vetting forms submitted for vetting were on file. The provider and person in charge informed the inspector that once residents' were admitted no staff would work in the centre without garda vetting in place. Records were available of the registered nurses current registration with their professional body. The inspector was informed that staff appraisals would be conducted as per company policy.

The centre had no volunteers at the time of the inspection.

Rosters had been developed by the person in charge and these were made available to the inspector outlining the proposed staffing for the initial admissions period.

**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:*

Sheila McKevitt  
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>

Centre name:	Dunlavin Nursing Home
Centre ID:	OSV-0005381
Date of inspection:	19/09/2016
Date of response:	11/10/2016

### 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 01: Statement of Purpose

#### Theme:

Governance, Leadership and Management

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

The statement of purpose did not reflect all the services and facilities accessible to them when living in the centre as set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

#### 1. Action Required:

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing

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

the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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

The Statement of Purpose has been updated to reflect the services and facilities accessible to them when living in the centre as set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The Organisational Structure has been revised to show clear lines of authority.

**Proposed Timescale:** 10/10/2016

**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:**

Ensure all adequate measures are put in place to protect residents and staff from potential intruders at night time.

**2. Action Required:**

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

In order to protect residents and staff from potential intruders at night time we will be providing an additional CCTV camera at the front gate so that staff can observe personnel requesting access.

**Proposed Timescale:** 14/10/2016

**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:**

The following issues were identified:

The three sluice rooms did not contain all the required equipment.

There was no wash hand basin in the clinical rooms.

Wash hand basins were not in place in each of the cleaning rooms.

Vents were not available in all windowless cleaning and sluice rooms.

Call bells were not accessible to residents' using the baths.

**3. 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:**

The three sluice rooms have all been installed with all the required equipment.

The Clinical rooms have had wash hand basins installed.

All cleaning rooms have wash hand basins.

All cleaning and sluice rooms have mechanical extraction.

Additional nurse call pull cords have been installed in closer proximity to the baths.

**Proposed Timescale:** 07/10/2016