

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Douglas Nursing and Retirement Home
<b>Centre ID:</b>	OSV-0000223
<b>Centre address:</b>	Moneygourney, Douglas, Cork.
<b>Telephone number:</b>	021 436 4264
<b>Email address:</b>	janet@douglasnursinghome.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Golden Nursing Homes Limited
<b>Provider Nominee:</b>	Janet Woodward
<b>Lead inspector:</b>	Mairead Harrington
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	31
<b>Number of vacancies on the date of inspection:</b>	6

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

**Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National 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:
20 July 2017 09:00	20 July 2017 13:00
21 August 2017 13:00	21 August 2017 14:00

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 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

This report sets out the findings of an announced inspection to monitor compliance with the Regulations set out by the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and National Quality Standards for Residential Care Settings for Older People in Ireland.

Golden Nursing Homes Ltd holds responsibility for the provision of care at Douglas Nursing and Retirement Home. The centre provides residential care for older adults, including convalescence, long and short term care, and palliative care. The centre is currently registered for 37 residents. HIQA had received an application to vary the conditions of registration in relation to a new layout of premises and additional accommodation for a further 21 residents, increasing registered occupancy to 58. An updated statement of purpose and function was also submitted that reflected the changes in occupancy and related arrangements around staffing. The purpose of this inspection was to assess the developed premises and related arrangements against the regulatory requirements. Significant work had been done to support residents to plan ahead for their future care and to manage expectations on the transition to new living arrangements. There was evidence that residents and their relatives had been

provided with information on the developing changes on a regular basis and that consultation had taken place during the build and reconfiguration process. The inspector met with the person in charge, who was also a director of Golden Nursing Homes Ltd, and held responsibility for representing the provider entity. Documentation reviewed by the inspector included meeting minutes, policies and related protocols. Risk management procedures to support staff and residents during the construction and transition were also reviewed, along with arrangements in relation to staffing and training requirements. The person in charge confirmed that occupancy numbers at the centre had been appropriately managed to facilitate the transition arrangements to the new accommodation. In summary, he extended and refurbished environment provided accommodation and facilities suitable for the purpose of achieving the aims and objectives as set out in the statement of purpose, and was appropriate to meet the needs of residents. Further detail on the findings are set out in the body of the 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 Standards for Residential Care Settings for Older People in Ireland.**

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

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

A statement of purpose was available that had been revised to include the circumstances around premises and staffing as set out in the application to vary the condition of occupancy. The inspector reviewed the statement of purpose and found that it complied with all the requirements of Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). A copy of the statement of purpose was readily available for reference.

**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):**

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

**Findings:**

As identified on previous inspections, the governance arrangements in place were effective with a clear organisational structure that reflected the areas of responsibility

within the centre. The nursing home was privately owned and operated by Golden Nursing Homes Ltd. The centre was managed by the company directors, each with nominated responsibility in areas of administration or clinical oversight. Care was directed through the person in charge, who was also the nominated representative of the provider entity. Management systems were in place to monitor the provision of service with a view to ensuring safety and consistency that included a regular schedule of audits, regular meetings with staff and residents and an annual review of the quality and safety of service. Management had put in place the necessary resources to develop the premises and facilities in keeping with the application proposals. Appropriate resource assessments had also taken place in relation to staffing levels and training needs. There was documentary evidence that residents and their families were kept informed of the progression of plans and that consultation took place with residents around their preferences in relation to transition arrangements.

**Judgment:**

Compliant

***Outcome 04: Suitable Person in Charge***

***The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

There had been no change to the role of person in charge since the previous inspection. The role was fulfilled on a full-time basis by a company director with authority, accountability and responsibility for the provision of service appropriate to the role. The person in charge was present throughout the inspection process and demonstrated an understanding of the regulatory requirements associated with processes around the variation of conditions of occupancy as a function of the role.

**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):**

No actions were required from the previous inspection.

**Findings:**

Documentation in relation to the application to vary the conditions of registration had been completed in keeping with requirements. Documentary evidence was in place in relation to the new premises that included, for example, relevant insurance cover and a revised statement of purpose. Policies and procedures impacted by the changes to premises and facilities had also been reviewed and revised to reflect the change in circumstances, where necessary. For example, evacuation procedures, emergency plans, risk management procedures and related health and safety protocols. Copies of correspondence around consultation and details of the transition arrangements had also been documented and were available for reference.

**Judgment:**

Compliant

**Outcome 08: Health and Safety and Risk Management**  
**The health and safety of residents, visitors and staff is promoted and protected.**

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

There was evidence of plans to minimise disruption to residents during the building and renovation phases and to minimise noise and dust. Areas under renovation had been physically segregated from the designated centre. As part of the transition plan management had set out a risk management protocol to assess each phase of the build project that included a daily programme of monitoring for incidental risk. Management and staff spoken with confirmed the communication mechanisms to ensure that all staff were kept continually aware of any evolving risk issues were covered at daily handover meetings and additionally, as instances might arise in the course of work. Risk and health and safety related documentation had been revised to reflect the circumstances of the development. The training matrix reflected an effective training programme around revised practice in relation to fire safety and evacuation procedures and staff spoken with confirmed they had attended the relevant training events.

**Judgment:**

Compliant

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

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

**Theme:**

Effective care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspector reviewed the care planning system with management and senior nursing staff. An electronic care planning system was in place and a review of the processes in this regard confirmed that the building and transition process had not had any adverse impact on the efficiencies of the system. There was evidence of extensive consultation with residents and/or families to facilitate the transfer to new single rooms. There was evidence that the person in charge had identified the concerns of residents regarding change of staff, change of environment, personal belongings and continuity of care. Concerns such as maintaining friendships were also discussed. The date of transfer was planned in conjunction with the resident and residents had been given an opportunity to view some of the new rooms to support orientation in the new accommodation.

**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:**

The centre was set back from the main road on substantial grounds that included landscaped gardens and recreational space, as well as parking facilities for both staff and visitors. At the time of inspection some of the external works, such as landscaping, had yet to be finalised. In light of ongoing works the grounds were well maintained overall. On the day of inspection there were 31 residents in the centre and six vacancies. Existing accommodation for five residents had been converted to provide additional office space, visitor toilets, a hairdresser facility and a treatment area. The centre had developed a new extension that provided a total of 26 bedrooms. Willow wing comprised 13 bedrooms with a further six in Ash wing and five in Elm wing. Two existing bedrooms in Beech wing had been totally refurbished and an extension to this wing created two further single rooms. Each of the new bedrooms was appropriately equipped in keeping with requirements. The reconfiguration of existing accommodation and the development of the new extension created capacity for an additional 21 residents overall. This increased the occupancy of the centre from the current registered number of 37 to a total of 58.

The new build and converted bedrooms were all spacious, with a wheelchair accessible en-suite shower and toilet, contrasting grab rails and a wash-hand basin. Call bells were accessible in all areas as necessary. Wall mounted television sets were installed in each of the bedrooms. There was adequate wardrobe and personal lockable storage space. All bedrooms had a view of the outdoors and had space for additional furniture, if necessary. Additional facilities made available as a result of the new build included a large sluice area, an extended kitchen area and a toilet facility designated for use by kitchen staff only. The reception area had also been extended significantly and now provided a large nurses' station and access area. The centre had two sluice rooms, a laundry room and wheelchair accessible toilet facilities. Equipment in one of the sluice areas had yet to be installed and the person in charge confirmed that this was due to take place within a week. There was appropriate storage space for equipment such as wheelchairs and hoists. The centre had also added to its available communal space. The dining area had been extended and now led into a garden room with a view of the grounds. Adjacent to the dining area was a large library room that led into the conservatory. These areas were well furnished and decorated, and bright with natural light.

**Judgment:**

Compliant

***Outcome 18: Suitable Staffing***

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

**Regulations 2013 are held in respect of each staff member.**

**Theme:**  
Workforce

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

No actions were required from the previous inspection.

**Findings:**

The person in charge confirmed that staffing levels had been revised to reflect the increased demands of the additional accommodation and occupancy. Additional staffing to reflect the requirements of the new layout included an increase of almost four nursing staff and eight healthcare staff per week. Additional hours for catering staff had been created with staffing levels almost doubled to 4.31 WTE (whole time equivalent) and an increase of two WTE domestic staff. An additional administrative member of staff has also been appointed. The centre provided two registered nurses on night duty supported by three healthcare assistants. Both the person in charge and assistant director of nursing were also on-call and accessible if required. Management confirmed that the training schedule had been revised to ensure that training needs were met for all new staff and appropriate supervision arrangements were in place for the period of transition. The person in charge confirmed that no more than three new admissions would take place per week and that staffing levels would remain under review and increase incrementally as necessary in keeping with this admission rate.

**Judgment:**

Compliant

**Closing the Visit**

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

**Acknowledgements**

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

**Report Compiled by:**

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