



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Harbour Lights Nursing Home
Name of provider:	Caring Hands Limited
Address of centre:	Townasligo, Bruckless, Donegal
Type of inspection:	Unannounced
Date of inspection:	13 June 2018
Centre ID:	OSV-0000345
Fieldwork ID:	MON-0022403

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Harbour Lights Nursing Home is located in a residential area a short drive from the town of Killybegs and overlooks Killybegs' Harbour. It is registered to provide 24 hour care for 53 male and female residents over the age of 18 who have a range of care needs including dementia. The philosophy of care as described in the statement of purpose involves every member of the care team sharing a common aim to improve the quality of life of each resident.

The centre is a purpose built bungalow style building. Bedroom accommodation is composed of three single rooms, 11 double rooms and 7 rooms that accommodate four residents. There is sufficient communal areas for residents to sit, socialise and eat their meals in comfort. There is also an oratory, a smoking room and a safe garden area that are all readily accessible to residents.

The following information outlines some additional data on this centre.

Current registration end date:	15/08/2020
Number of residents on the date of inspection:	51

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
13 June 2018	09:30hrs to 18:30hrs	Geraldine Jolley	Lead

Views of people who use the service

Residents' comments on life in the centre were positive. The inspector talked with seven residents and two visitors. Residents said they were very well cared for and that staff were kind, considerate and interested in their welfare. They said their bedrooms were comfortable and warm.

Residents were satisfied with the social activity on offer and said they looked forward to the activity coordinator coming in during the afternoon and evening as she organised a variety of things to do that included arts and crafts, discussions, story-telling and gardening. They said they had enjoyed the recent good weather as they had been able to sit out in the garden.

Residents also said they liked the choice of meals and said the standard of food was very good. They said visitors were made welcome and could visit at any time.

Capacity and capability

The centre has a management structure in place that staff and residents were familiar with and that ensured care was delivered to a good standard. The inspector met with the person in charge who had been appointed in October 2017 and was satisfied from discussions that she demonstrated sufficient knowledge and leadership to ensure appropriate and safe standards of care were in place. The person in charge was supported by the provider representative who has a daily presence in the centre.

There is an established staff team, the majority of whom had worked at the centre for several years. The person in charge said that there is a low staff turnover and this ensures continuity of care to residents and ensured that staff knew residents well. There were sufficient numbers of staff with a range of knowledge and skills available day and night to provide care and support to residents. Doctors and allied health professionals were accessible when specialist advice was needed. Residents were protected by good recruitment and appropriate vetting procedures. The provider and person in charge provided opportunities for staff training to ensure staff had the necessary skills and knowledge to care for residents. For example, there was evidence of training in the following areas, cardiopulmonary resuscitation, dementia care, hand hygiene, the protection of vulnerable adults and restraint. The method used to track dates of training and identify when staff were due to attend refresher sessions required improvement, to ensure it accurately reflected training

completed and when training was due.

The person in charge (PIC) was a registered nurse who worked full time and was responsible for the day to day management of the centre. Prior to her present role she had worked in the centre as a staff nurse and had then worked in specialist areas including palliative care. The PIC was known to residents who identified her as the person to go to with queries or concerns. During the inspection the PIC conveyed good knowledgeable about individual residents' care needs, their personal routines and health conditions.

Staff had access to a range of policies and procedures to support the delivery of safe and appropriate care and services for residents. Good communication systems had been set up and staff said that they had staff meetings and handover reports daily to keep them up to date with residents' care and progress.

Opportunities for resident feedback and to raise concerns were in place. There were residents' meetings scheduled and a complaints procedure was in place. Residents said they knew how to raise a complaint or a concern if they had any. No complaints had been recorded recently. The person in charge said that minor issues were dealt with immediately but a record had not been kept of these matters. She said that she intended to maintain a record to ensure the complaints procedure was fully compliant with the regulations.

Regulation 14: Persons in charge

The person in charge had been appointed in October 2017. She has the required three years in the last six caring for older people including experience in the delivery of palliative care. She was knowledgeable about the regulations and standards, the need to review the service regularly and to provide appropriate supervision and guidance for staff. She was pursuing further training in management topics to equip her for her role. She worked full time and had support from another senior nurse who participated in the management of the centre.

Judgment: Compliant

Regulation 15: Staffing

There was adequate staff employed during the day and night to meet the needs of residents. The person in charge said that she had adequate time for her management duties. The provider representative was also on site regularly and an activity coordinator was available during the afternoon and evening to facilitate

social activities for residents.
Judgment: Compliant
Regulation 16: Training and staff development
Staff had access to a range of training opportunities. Care and nursing staff attended training on fire safety, moving and handling and adult protection. Several staff had attended training on hand hygiene, infection control, cardio pulmonary resuscitation, dementia care and restraint management.
Judgment: Compliant
Regulation 19: Directory of residents
There was a directory of residents in hard copy however the layout was confusing and required review to ensure all the required information including admission, transfers and discharges was recorded in a clear and accessible.
Judgment: Substantially compliant
Regulation 21: Records
The required records were maintained. The training record required review to ensure that the training completed by all staff could be determined and that mandatory training was completed within the required time frames. The daily records maintained by nurses varied in content and while some gave a good overview of the care and treatment provided others provided a limited overview of the general health and well being of residents.
Judgment: Substantially compliant
Regulation 23: Governance and management
There were management systems in place to ensure the service was safe and aspects of care practice and quality of life were reviewed regularly. The person in charge reviewed falls, nutrition and the use of medicines regularly. Changes were

made to enhance the safety and well being of residents. There had been a gradual and sustained reduction in the use of psychotropic medicines where a reduction was identified as in the best interest of residents. This had resulted in good outcomes for the residents concerned according to the person in charge.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose that described the services and facilities provided.

Judgment: Compliant

Regulation 31: Notification of incidents

The quarterly notification for the months January to March 2018 was outstanding.

Judgment: Not compliant

Regulation 34: Complaints procedure

There was a procedure to guide residents and others when making a complaint. No complaints had been recorded recently and the person in charge said that minor issues were addressed immediately by staff. She had introduced a system to ensure that all complaints however minor were recorded so that these could be reviewed and further complaints prevented. Residents told the inspector they would talk to the nurse in charge or the provider representative if they were unhappy about something or had a problem.

Judgment: Substantially compliant

Quality and safety

Overall, residents received safe quality care and were protected by appropriate governance arrangements put in place by the provider and person in charge. There were some improvements required to ensure residents were aware of particular

arrangements such as the presence of closed circuit television and the daily activity programme. Some residents had problems associated with dementia and signage to guide residents around the building particularly to the main facilities such as the dining and sitting rooms was not available to support their independence.

Residents' health needs were met through a range of nursing, medical and specialist health care services. Allied health professionals that included dietiticians, physiotherapists, community mental health nurses and chiropodists were available.

Residents could see doctors regularly and out of hours medical services were available when required. There was a varied activity programme and this was altered to meet residents' requests and interests. Comprehensive assessments were carried out to identify each resident's health and social care needs when they were admitted to the centre. The care provided was regularly reviewed by the nursing staff, making use of a range of assessments and information to identify if their needs remained the same or whether there were changes. Where there were changes, referrals were made to the relevant healthcare professionals. There was also information gathered from the resident, and, where appropriate, their family about their life experience, achievements, and preferences. This information helped staff provide care in a person centred way that contributed to residents experiencing a good quality of life in the centre.

Residents said they felt staff protected them and kept them safe and told the inspector that they were able to talk to staff if they had any concerns or complaints. All staff had attended protection training and staff who spoke with the inspector could describe of their responsibility to keep residents safe and to report any issues of concern. The person in charge said that the renewal of vetting was in progress for all staff. Staff conveyed a good understanding of residents' needs and care interventions were observed to be appropriate and prompt when residents requested assistance.

The centre has a comfortable and home-like environment. Communal areas were domestic in style and there are several areas where residents can sit and spend time during the day. The dining rooms are light, spacious and organised well to ensure all residents can sit comfortably at meal times. There was a range of activity materials readily available to ensure residents could choose what they liked to do. Storage areas were well organised and there was adequate space to store equipment when not in use. Bedrooms had been personalised with pictures, photographs and items belonging to residents. There are three single rooms, 11 double rooms and seven bedrooms that accommodate four residents. While all have ensuite facilities of toilet, shower and wash hand-basin there are two rooms 19 and 20 where the use of a hoist or other equipment is a challenge due to the layout around one bed area. A condition is applied to the registration and plans have been supplied to HIQA that confirm the premises layout will be revised to meet appropriate privacy standards by the end of 2021. The provider is required to provide an update on the proposed schedule for this work to ensure the condition of registration is met within the required time frame.

There were health and safety and risk management policies and procedures in place. Staff demonstrated good awareness of the health and safety measures in

relation to infection control and fire safety. A major upgrade of the fire safety arrangements had been completed during 2018 to meet the recommendations of Donegal fire safety officers. Doors had been widened to improve access and additional fire doors installed. Some exit doors required keys to exit and this was reviewed following the inspection and a more accessible exit system was out in place. All staff had attended fire safety training and were aware of what to do to keep residents safe in the event of an emergency. There were regular fire drills and these had been revised to include the recent fire prevention measures the inspector was told. The local fire service have a plan of the building and have completed a training exercise on site.

Equipment in use was noted to be in good condition and there was a variety of chairs and hoists to ensure that residents' mobility needs were met appropriately.

Regulation 10: Communication difficulties

Residents were supported to communicate and to keep in contact with news and current affairs. Residents' communication needs were recorded and staff were aware of residents who had particular problems. The inspector saw that staff supported meaningful engagement, took their time when talking to residents to ensure they understood what was said to them and reassured them appropriately when they showed signs of distress or anxiety.

Judgment: Compliant

Regulation 11: Visits

Residents said that visitors could come in to see them at any time and that staff made them welcome.

A visitors' record was maintained to keep a record of people coming and going. There was private space where residents had the option of receiving their visitors.

Judgment: Compliant

Regulation 13: End of life

Residents were cared for at end of life and their care needs were assessed by the nurses who sought specialist advice if needed. Several nurses had attended training in the use of specialist equipment such as syringe drivers to ensure that they were competent to administer medicines via this route when needed.

Judgment: Compliant

Regulation 17: Premises

The centre has seven communal bedrooms that accommodate four residents and while privacy is protected by screens there are some bedrooms where it is difficult to use equipment such as hoists in all areas. Presently the needs of residents are assessed by nurses and residents who have mobility problems and require hoists are not accommodated in some areas. A condition applied to the registration requires that the premises are reconfigured by the end of 2021 to ensure appropriate standards are in place. The provider is required to provide an update on when the proposed works are likely to commence to ensure the condition of registration is fulfilled within the established time line.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents said that the food was very good and they had choices at every meal. If they did not like what was on the menu the staff prepared an alternative. The inspector saw that meals served were well presented and enjoyed by residents. Nurses and care staff reviewed nutrition needs and weights regularly and ensured that fluctuations were referred to doctors and allied health professionals for specialist interventions when needed. Drinks and snack were served between main meals and drinks were left in an accessible location in all communal areas during the day the inspector noted.

Judgment: Compliant

Regulation 20: Information for residents

Resident had a range of information provided on admission that informed them of the services and facilities in the centre.

The residents' guide and the contracts provided ensured that the fee to be paid,

extra charges that applied, the complaints procedure and visiting arrangements were conveyed at the time of admission or when preadmission visits took place.

Judgment: Compliant

Regulation 26: Risk management

The centre had a risk management policy and there were systems in place to assess risk and reduce hazards. Accidents and incidents were recorded. These were reviewed regularly by the person in charge to determine patterns and ensure prevention measures were in place to prevent further incidents.

The inspector found that where residents had dementia or confusion this was not always considered as an additional risk factor when other risk areas were assessed for example vulnerability to falls.

Judgment: Substantially compliant

Regulation 27: Infection control

Standards of cleanliness and hygiene were good and staff were well informed about the cleaning measures in place. Training on hand hygiene and infection control was provided regularly according to records viewed and reports from staff.

Judgment: Compliant

Regulation 28: Fire precautions

The fire safety and fire prevention measures had been upgraded substantially in accordance with recommendations from the fire safety officers from Donegal County Council. All bedroom doors had been widened, further insulation and partitions had been put in place in the attic area and extra fire exits had been created. The fire alarm and fire safety equipment was tested and serviced regularly. Staff had regular training and attended fire drills. The records of fire drills indicated that they always took place at the same time and this should be reviewed to include varied times and when the least number of staff are available.

There was a smoking area for residents. This was bright, clean and free from flammable materials.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medicines were stored securely, checked by staff when delivered and the system was regularly audited by the person in charge. The provision of a hand wash sink in the medicine storage area which was a requirement from the last inspection had been addressed.

Nurses were diligent about reviewing medicines and discussing residents' needs with doctors to ensure res

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' care records included initial assessments and care plans that provided guidance for staff on how residents' needs were to be met. Reviews were carried out every four months and any changes were reviewed with the resident, and where relevant their relatives.

Judgment: Compliant

Regulation 6: Health care

Appropriate medical and specialist health care services was sought and provided to residents, in line with their identified health and social care needs.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had the right to exercise choice and had their needs and preferences taken into account in planning how the service was delivered. There were residents'

meetings and consultation also formed part of a number of activity sessions where residents were encouraged to convey their views.

There is a closed circuit television system in use and the inspector found that additional signage was needed to ensure residents and visitors were always aware of and advised this equipment was in use.

There were protective covers on some armchairs which could convey that residents had continence problems and this did not promote the dignity of residents in a positive way.

Judgment: Not compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse, including effective recruitment practices and staff training. Staff had received mandatory training in relation to detecting, preventing and responding to allegations of abuse and the person in charge had training material available to ensure staff were updated regularly. Training on safeguarding was due to commence for all staff to ensure they were appropriately informed of the current procedures to be followed if a protection incident was reported.

The provider had arrangements in place to protect residents' financial interests. Agency arrangements were in place for some residents and the provider is requested to confirm if the procedures in place meet the guidelines issued by the Department of Social Protection. Records of all transactions and expenditure are maintained .

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Not compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Harbour Lights Nursing Home OSV-0000345

Inspection ID: MON-0022403

Date of inspection: 13/06/2018

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>We have requested that a printing company design a new register or directory of residents for us.</p> <p>Each resident will have one full page with adequate space to document all required details and a separate area to include transfer to and from hospital. </p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>All Nurses are now aware of their responsibility when documenting all care and treatment delivered throughout the shift.</p> <p>Daily report now reflects the holistic person centered care delivered by staff. </p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>Notification sent by email on 14th June 2018. </p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints</p>	

<p>procedure:</p> <p>All complaints however minor are now documented and dealt with accordingly. </p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Plans are ongoing for compliance in 2021. </p>	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>Ongoing risk assessments carried out and findings used to guide future care planning. </p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Future fire drills will be carried out at different times during the shifts, including nights. </p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> -Signage now in place where CCTV is used -Smaller more discreet protective covers used for residents who require them only 	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>The agent arrangements include the collection of money on behalf of residents and deposits to all the residents' individual post office accounts. </p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Yellow	31/12/2021
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Yellow	31/12/2021
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	31/08/2018
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	14/06/2018
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	31/08/018
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency	Substantially Compliant	Yellow	21/06/2018

	lighting.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	31/08/2018
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Not Compliant	Yellow	14/06/2018
Regulation 34(1)(d)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall investigate all complaints promptly.	Substantially Compliant	Yellow	31/08/2018
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall 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.	Not Compliant	Yellow	31/08/2018
Regulation 34(2)	The registered provider shall ensure that all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.	Not Compliant	Yellow	31/08/2018
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	22/06/2018

Regulation 9(1)	The registered provider shall carry on the business of the designated centre concerned so as to have regard for the sex, religious persuasion, racial origin, cultural and linguistic background and ability of each resident.	Not Compliant	Yellow	22/06/2018
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Yellow	22/06/2018
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Yellow	22/06/2018