



# Report of an inspection of a Designated Centre for Older People.

## Issued by the Chief Inspector

Name of designated centre:	Dunlavin Nursing Home
Name of provider:	Dunlavin Nursing Home Limited
Address of centre:	Dunlavin, Wicklow
Type of inspection:	Unannounced
Date of inspection:	09 September 2020
Centre ID:	OSV-0005381
Fieldwork ID:	MON-0030225

## About the designated centre

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

Dunlavin Nursing Home is located within walking distance from Dunlavin town. The centre is a 60 bed purpose-built facility. Residents' accommodation is arranged into three units. Stream unit is secured and provides accommodation for 18 residents who have dementia. Railway unit has accommodation for 24 residents and Market House unit has accommodation for 18 residents. All units in the centre accommodate male and female residents over 18 years of age. All residents reside in single bedrooms with full en suite facilities. Each unit has a day-room and a dining room. Other sitting rooms and seating areas are located in Railway and Market House units. A seating area is available by the nurses' station in Stream unit. All units have access to secure landscaped gardens. The centre caters for residents with long term care, convalescence and palliative care needs. The service provides 24 hour nursing care for residents, with low, medium, high and maximum dependency needs.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	59
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as 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
Wednesday 9 September 2020	11:00hrs to 17:00hrs	Mary O'Donnell	Lead

## What residents told us and what inspectors observed

On the day of inspection, residents appeared to be in good form and relaxed. Apart from visiting restrictions and social distancing, the normal daily routine for residents had not really been disrupted by the measures in place to prevent an outbreak of COVID-19. Residents had a choice of communal rooms for their use and some residents chose to spend extended periods of time in their bedrooms. The majority of residents took their meals in the dining rooms where tables had been arranged to facilitate social distancing. The inspector noted that the tables were attractively set for lunch, with a table cloths, napkins and an individual place setting for each resident. Residents who dined in their rooms had their meal served on a tray. Residents confirmed that the food was served hot and the menu selection on offer for all meals was very good.

Residents who spoke with the inspector were content with their lives in the centre. Residents praised the kindness of staff in general and identified named staff whom they had befriended. The inspector observed that staff knocked on bedroom doors before entering. Staff spoke kindly and respectfully of residents and were observed to interact with residents in a person-centred manner. The inspector observed staff having good humoured banter with residents and chatting with them about their personal interests and family members.

Residents were satisfied with the in-house laundry service. The turnaround time was good, clothing rarely got lost and all items of clothing were ironed. Residents had adequate space to store their clothes and to display their personal items. The inspector noted that clothes were hanging or neatly folded in their wardrobes. Family photographs were displayed in most of the rooms and residents spoke fondly of their sons and daughters and their families. Residents were glad that the restrictions on visiting had eased and they enjoyed a 15-20 minute weekly visit with a relative. None of the residents who spoke with the inspector were aware that visiting times had been extended to up to one hour. Generally residents said they were pleased with the activities on offer. On the day of inspection they enjoyed chair yoga in the morning and a local musician performed in the court yard in the afternoon. Two ladies who were avid readers were pleased that the supply of books had not been depleted during the lockdown. One lady got books from the library in the centre and the other lady used her kindle and bought books on line.

Staff were deployed to spend time with residents in their rooms to mitigate the risk of residents feeling isolated due to having to spend time alone in their bedrooms. The inspector saw staff encouraging residents to attend the live music event in the afternoon. They also ensured that residents could listen to the radio or watch the television channel of their choice. Staff organised video calls with relatives and window visits were facilitated when possible.

Residents agreed that they were provided with relevant information about the COVID-19 emergency. They understood the need for social distancing and the

importance of regular hand washing. One resident said accessed the daily paper electronically on a tablet and also kept up to date by watching the news on television and the COVID-19 updates. Some residents were aware that staff were tested regularly. All the residents who spoke with the inspector said they felt safe in the centre.

## Capacity and capability

This was an unannounced risk inspection carried out in response to a concern that had been submitted to the Chief Inspector in relation to visiting restrictions which were not in line with revised National guidelines. The inspector found the provider only recently updated the visiting policy in line with COVID-19 Guidance on visitations to Residential Care Facilities V1.1 21.07.2020 and the policy had not been implemented at the time of this inspection.

The inspector reviewed the centre's COVID-19 contingency plan. On 23 April a blanket testing of staff and residents found two residents were positive but asymptomatic. Both residents recovered and no staff tested positive during the pandemic. In May a resident tested positive for COVID-19 while in hospital with an underlying condition and sadly this resident did not recover.

Overall the service was well-organised and had sufficient resources to meet the needs of the residents. The designated centre benefited from being part of a large, well established group. There was an established management structure in place with clear lines of authority and responsibility. The local management team comprised the person in charge, a deputy director of nursing and two clinical nurse managers. The person in charge and her deputy were well known to residents and staff and were acquainted with the likes, dislikes and needs of the residents. The person in charge was supported in her role by the Clinical, Governance and Operations Manager who met with the person in charge on a weekly basis and was accessible to her as required. There were comprehensive management systems in place to monitor the safety and quality of the care and services provided.

Staffing skill mix had been reviewed since the previous inspection in January 2020. The skill mix had been diluted and was found to be inadequate. Additional healthcare assistants were employed and the numbers of nursing staff have been reduced. There were minimal nursing staff available to deliver nursing care to residents or to supervise healthcare assistants who delivered direct care to the residents.

Staff turnover was stable and inspectors found that the centre had appropriate recruitment processes in place for new staff. All new staff received an induction and worked through a six months probationary period. Staff appraisals were undertaken to monitor performance and develop staff professionally. All staff attended mandatory training and staff were offered additional training where this was required. The person in charge used a training matrix to ensure that staff

attended training and refresher training events. Staff demonstrated a clear knowledge of their roles and responsibilities in areas such as safeguarding, infection control and fire safety.

There was a complaints policy which guided staff in the management of complaints and information was posted to advise people on the relevant procedures and contacts for making a complaint. The provider maintained a log of complaints received and these records contained details on the nature of the complaint and the investigation carried out. All complaints were addressed within the provider's stated time frame and complaints were used to inform continuous quality improvement.

#### Regulation 14: Persons in charge

The person in charge was a registered nurse with a management qualification and she was in her position since the centre was established in 2016. The person in charge worked full-time. She engaged in continuous professional development and demonstrated a clear understanding of her role and responsibilities.

There were appropriate deputising arrangements in place to cover for the person in charge in the event she or the deputy person in charge became unwell or had to self-isolate.

Judgment: Compliant

#### Regulation 15: Staffing

The issues found on the previous inspection in January 2020 had been addressed with the increase numbers of healthcare staff who were employed. Staff turnover was reduced and appropriate arrangements were now in place to provide cover for any planned or unplanned leave. However, the numbers of nursing staff have been reduced and there were minimal nursing staff available to provide care and services for the residents. There were 8 whole time equivalent nurses and 28 whole time equivalent health care assistants employed at the time of this inspection. According to the statement of purpose submitted when the centre's registration was renewed in November 2019, there were 12 whole time equivalent nurses and 25.5 whole time equivalent health care assistants employed. This impacted on the availability of nurses to provide nursing care and to supervise health care assistants who delivered direct care to residents. When the centre was registered there were three wings with a nurse led team on each wing. The dementia unit was now divided in two and the centre operated as two units with two nurses on duty throughout the 24 hour period. The provider was currently recruiting a fourth health care assistant for night duty. However, nursing staff levels for day duty required review, to ensure that

nurses had time to spend with residents and to oversee the care being delivered by health care staff. Suitable contingency arrangements should also be put in place for nursing staff in the event of a COVID-19 outbreak.

There were contingency arrangements in place to provide continuity of care in the event that a significant number of staff were ill or required to self-isolate, including part-time staff with additional capacity and agency staff. The provider had established links with the HSE's Crisis Management Team, should staffing resources be required. Additional hours had been organised for household staff to meet additional cleaning demands due to COVID-19 and to ensure that cover was provided for seven days each week. Staff teams were assigned to zones in the centre and two nurses were on duty in the centre at all times

An on-call system was in place for staff to contact the management team, and rosters ensured that a member of the management team was on duty each day. The environment had been adapted to ensure that the two staff teams did not mingle and staff could socially distance for break times. Records were available to show that staff confirmed that they are symptom free and staff temperatures are monitored twice during each shift.

Other measures taken to minimise the risk to residents and staff include:

- Staff employed in the centre do not work in any other centre.
- Staff are allocated into two teams to work in two separate zones.
- Staff changed their uniform or work outfit at the beginning and end of each shift.
  
- Uniforms were laundered daily in the centre
- Staff use a separate route to enter and leave the centre.
- All staff wore face masks and disposed of the masks correctly.

No volunteers were working in the centre at the time of the inspection.

Judgment: Not compliant

## Regulation 16: Training and staff development

Staff had access to appropriate training for their roles. Training records showed that the majority of staff were up to date in key mandatory training such as moving and handling, fire safety, infection control, safeguarding vulnerable adults and responsive behaviours. There was a clear process in place to identify those staff who needed updates in these areas and further training dates were scheduled. The person in charge used a training matrix to ensure that she had oversight of the staff training and development.

All staff had completed the relevant HSE LanD training and the person in charge had



facilitated staff training and regular updates in infection prevention and control. The training focused on timely identification of residents with COVID-19 infection, hand hygiene, donning and doffing (putting on and taking off) of personal protective equipment (PPE) procedures and public health guidance to prevent and control COVID-19 infection. The person in charge and her deputy conducted audits and spot checks of hand hygiene and infection control practices to ensure good practice and that PPE was used and disposed of in line with national guidelines. From discussions with staff it was evident that they were knowledgeable about the procedures in place and their roles and responsibilities to prevent a COVID-19 infection. The inspector observed that all staff implemented the required infection prevention and control policies at all times. (Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance).

The inspector reviewed a sample of staff files and found that there were robust recruitment and selection processes in place to ensure that the required references and Gardai vetting were in place for staff before they started working in the designated centre. The records showed that staff completed an induction programme when they commenced their role and that the induction was managed by the person in charge or the assistant director of nursing. As a result staff were clear about what was expected of them in their work and the standards that were required.

Overall the inspector found that staff were well supported in their work but arrangements for the supervision of health care staff required review as two nurses on day duty did not have capacity to supervise the health care staff who delivered most of the direct care to 60 residents.

Judgment: Substantially compliant

## Regulation 21: Records

The three staff files examined held the required documentation as set out in the regulations. An Garda Síochána (police) vetting disclosures were available in the three staff files reviewed. The person in charge gave assurances that all staff had completed satisfactory vetting in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 and their staff files contained the necessary disclosure documentation. Documentation confirmed that all nursing staff had up-to-date professional registration with the Nursing and Midwifery Board of Ireland.

A record of simulated emergency evacuation drills and tests of fire equipment was maintained. Records were maintained detailing fire safety checking procedures completed and service records for the centre's fire alarm system and emergency lighting were available. The records of fire drills described the scenario practiced,

the staff in attendance and any learning from the exercise.

Daily records of each resident's condition and any treatments given was maintained by nursing staff.

A register of any restrictive procedures used in the centre was maintained including alternatives tried.

Judgment: Compliant

## Regulation 23: Governance and management

There was a clear management structure in place that identified the lines of authority and accountability for all areas of the service and for individual resident's care. The management team were well known to residents. The line management structure helped to ensure that all staff were aware of their roles and responsibilities and to whom they reported.

There were comprehensive quality and safety assurance systems in place which was used to monitor the quality and safety of the care and services provided for the residents.

Management systems were in place to monitor and evaluate the effectiveness of the service. Clinical and operational audits were routinely carried out and informed ongoing quality improvements in the centre. Weekly senior management meetings were held at head office and the clinical governance operations manager met with the person in charge every month prior to the COVID-19 pandemic. Since March 2020 the clinical governance operations manager and the PIC held weekly meetings using a social media platform. Management systems were computerised which ensured that the provider had access to key performance indicators, audit reports and complaints to provide oversight of the service.

Apart from the reduction in staff referenced earlier in the report, the provider ensured that adequate resources were provided to meet residents' needs. Staff recruitment was ongoing and staff had been recruited to replace staff who had left the service. The centre was divided into two zones, with separate staffing in each zone. Necessary guidance documents and emergency supplies had been sourced by the provider and made available to staff and visitors if required.

The provider and person in charge had been proactive in relation to the challenges posed by a COVID-19 outbreak. The provider had made contact with Public Health and the HSE Crisis Management Team and had accessed current HSE and HPSC guidelines. A comprehensive contingency plan was put in place to minimise the risk of residents or staff contracting a COVID-19 infection. The centre had a plan in place should an outbreak occur. Policies had been updated to guide staff and specific training had been provided which included hand hygiene techniques, cough etiquette, donning and doffing PPE and symptom monitoring. Cleaning procedures

were updated and the frequency of cleaning increased for specific areas of the centre.

Housekeeping staff were competent in all aspects of decontamination cleaning and general infection control measures. Protocols were in place for symptom monitoring and health checks for residents, staff and visitors to the centre. Staff were trained to take samples for testing for COVID-19 and the person in charge confirmed that staff had positively engaged in the blanket testing and no staff had tested positive to date. The provider had arrangements in place for staff to access occupational health and mental well-being services. The person in charge discussed the challenges posed if a staff member tested positive or if residents developed symptoms of COVID-19. She planned to arrange for an external expert to conduct an environmental audit to ensure that the service was prepared in the event of COVID-19 outbreak.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose had been revised to reflect the current management arrangements and revised staffing whole time equivalents. It contained the information set out in Schedule 1

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had submitted notifications to the Chief Inspector in line with regulatory requirements.

Judgment: Compliant

### Regulation 34: Complaints procedure

The complaints procedure was available and informed residents and their families how to make a complaint. The person in charge maintained the complaints log and records showed that complaints were recorded and investigated in a timely manner. Records of complaints investigations were clear including the complainants level of satisfied with the outcome. Complaints were discussed at governance meetings and the clinical governance and operations manager ensured

that complaints were recorded and managed in line with the centre's policy.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

Written operational policies to inform practice were available and there was a system in place to ensure that policies, procedures and practices were regularly reviewed. The provider had recently revised policies such as the risk management policy, infection prevention and control policy, end-of-life policy and visitors' policy to reflect the current guidance and practice in respect of COVID-19. However there was a significant delay in implementing a revised visiting policy in line with COVID-19 Guidance on visitations to Residential Care Facilities V1.1 21.07.2020 (for implementation 29th July 2020) and this had impacted on residents and their families.

Judgment: Substantially compliant

#### Quality and safety

In general, there was good oversight of infection prevention and control measures. Minor improvements in relation to cleaning records were required to ensure that high standards were consistently maintained. Protocols were in place in line with HPSC guidance to ensure the ongoing safety of residents and staff. Procedures were in place to facilitate isolation of residents should the need arise.

Residents had access to appropriate medical services at all times to ensure that their health care needs were met. There was evidence of regular medical reviews and referrals to other specialists as required. Significant progress had been made to ensure that restraint usage was in line with national policy and the incidence of resident falls in the centre was low.

The person in charge demonstrated good oversight of residents' care needs. Assessments and care plans were in place and care plans were updated in accordance with regulatory requirements. Each resident had an End of Life care plan and anticipatory prescribing was in place to ensure that residents symptoms were managed appropriately. Care plans showed that there was good understanding of nutritional and diabetic care, skin care and wound care management.

Residents had access to a variety of indoor communal and private spaces, a secure garden and an accessible courtyard. There were hand sanitizer dispensers, clinical waste bins and PPE available throughout the centre. The management team agreed to review the use of free standing sanitizers and install additional wall mounted

dispensers.

Residents were supported to lead active and interesting lives. They had access to advocacy services and information regarding their rights. A social model of care was promoted and care staff played a key role in meeting residents social and emotional needs. Activities have changed with more one-to-one sessions and small group activities. Residents enjoyed pet therapy, group activities and live music on the day of inspection.

### Regulation 10: Communication difficulties

Residents with communication difficulties were supported to communicate freely. Residents with specialist communication needs had a care plan to support them and each resident had a communication support plan to ensure that their choices were respected and their voices were heard. Residents with hearing impairment wore hearing aids and the audiologist had been on site two weeks prior to the inspection to assess a resident with a hearing impairment. An advocate from the National Council for the Blind had recently visited the centre to identify what improvements could be made to support a visually impaired resident. The inspector met two residents who were blind. One resident had a talking watch and another resident used 'Alexa' to support them to function independently as much as possible.

Judgment: Compliant

### Regulation 11: Visits

A policy of restricted visiting was in place to protect residents, staff and visitors from the risk of contracting COVID-19 infection but it had not been updated in line with COVID-19 Guidance on visitations to Residential Care Facilities V1.1 21.07.2020 (for implementation 29th July 2020). The number of visits and the period allowed for visits at the time of the inspection was inadequate. A visiting table was made available to the right of the reception area with a screen and chairs laid out to facilitate social distancing. Visitors could book an appointment and a schedule of arranged visits for under 30 minutes was in place. There were no visits on Wednesday or Sunday and as there was currently only five days of visiting per week with maximum 9 visits per day, this was inadequate as it did not facilitate the 60 residents in the centre to have even one visit per week. The person in charge said that nine residents had been facilitated to have visitors to their rooms and some families preferred to book window visits along with skype or facetime calls.

The inspector found even with these additional visiting arrangements there was inadequate visiting slots to facilitate suitable visiting for all residents and families. Visiting was identified to the inspectors as an issue prior to and during the

inspection. The person in charge told the inspector that the visiting policy had recently been updated to reflect the current guidelines and they were planning to roll out the new policy the following week.

Judgment: Substantially compliant

### Regulation 13: End of life

A review of resident's records showed that appropriate care and support were provided for those residents at end of life. Care plans addressed the physical emotional and spiritual needs of the residents and recorded each resident's preferences for end of life care. The care plans could be improved if they were updated in relation to COVID-19, to reflect the resident's wishes and decisions about whether or not the resident would benefit from acute hospital treatment.

Resident's had access to medical care for pain and symptom management and referrals to specialist palliative care services were made when required.

Families were involved in end of life care and were encouraged to be present with the resident as much as possible at this time.

Compassionate visits were facilitated and the inspector saw documentary evidence that residents who died in the centre had a relative or a staff member present when they died.

Judgment: Compliant

### Regulation 17: Premises

The centre was clean and bright and easily accessible. Communal spaces included dining rooms, day rooms and a coffee dock and visitors room by main reception. Residents had access to enclosed gardens and an internal courtyard with occasional seating, a putting green and raised beds. Residents' accommodation comprised single bedrooms with full accessible ensuite facilities. Each room had a wall mounted clock and a television set. Most of the bedrooms were personalised with resident's pictures and personal items. Residents had adequate space for their clothing and a locked cupboard for valuables.

On the previous inspection in January 2020 there was a lack of sufficient storage space in the designated centre for equipment. The inspector found the provider had converted two bathrooms into storage rooms and there was now adequate storage space for equipment and for boxes of PPE.

The provider had a contract in place for an external company to service the equipment in the centre. The company were on site servicing equipment on the day of inspection. Servicing records showed that essential equipment including the bed pan washers, the hoists, profiling beds and the fire safety equipment had all been serviced within the previous three months.

Judgment: Compliant

### Regulation 26: Risk management

The provider maintained a risk register of clinical and environmental risks associated with the designated centre and had an appropriately detailed summary of control measures related to COVID-19.

Judgment: Compliant

### Regulation 27: Infection control

There were adequate PPE and clinical waste bins available. Twice daily temperature checks were completed by staff. Residents had their temperatures checked twice daily as well as monitoring for changes to their condition and symptoms of COVID-19. 'Interim Guidance on the Prevention and Management of COVID 19 Cases and Outbreaks in Residential Care Facilities and similar units of June 2020 was available for referencing. Ongoing pandemic precautions were discussed at management meetings, including the necessity to identify cohorting and isolation area to ensure HPSC precautions for suspect or confirmed cases or for precautionary isolation of residents transferred into the centre.

Cleaning schedules were available for daily cleaning of rooms and all bedrooms, including monthly records of deep cleaning. However, there was no cleaning schedule available for communal toilets. The household staff told the inspector they were cleaned daily but more frequent cleaning is advised to prevent cross infection.

The inspector noted that free standing sanitizing gels were used to supplement the fixed dispensers. The inspector found the dispensers were not readily accessible at bedrooms to promote good hand hygiene practices.

It was not evident from the records viewed how frequently the gel containers were cleaned to prevent cross infection. There was no record maintained of how often frequently touched surfaces such as door handles, chair arms and light switches were cleaned.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Adequate arrangements had been made for maintaining all fire equipment. Up-to-date service records were available for the centre's L1 fire alarm system, the fire panel, emergency lighting and fire extinguishers.

The inspector noted many good practices in relation to fire precautions and escape routes and exits were noted to be free of obstruction. All bedroom doors were fitted with automatic self-closing devices. The person in charge highlighted the importance placed on the training of staff and the induction process in place to ensure staff knowledge of the fire precautions in the centre. Staff who spoke with the inspector confirmed that they had attended fire drills and they were familiar with fire safety procedures and the evacuation plan for each resident in their zone.

Simulated fire drills were held monthly. Two drills were held in August, one of which included night staff. The inspector saw that each resident had a detailed personal evacuation plan in their bedroom. The inspector reviewed the fire drill records and found that the drills simulated the evacuation of smaller compartments. Following the inspection, the provider organised a fire drill and submitted a report which provided assurance that residents in the largest compartment could be safely evacuated with night duty staffing levels. The largest compartment had twelve single rooms and on the day of inspection only three residents required equipment to evacuate them. The person in charge was aware of the need to ensure that the number of maximum dependency residents in this compartment was restricted to ensure they could all be safely evacuated in an emergency.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Evidence-based risk assessments were in place to determine the dependency and care needs of residents with associated care plans to support and direct care, these were routinely updated in accordance with the requirements of the regulations. Daily nursing notes captured any change in a resident's condition. Care plans were person centred and held person centred information specific to each resident including, details about their preference for personal care and outfits.

Judgment: Compliant



## Regulation 6: Health care

Residents' healthcare needs were met through timely access to assessments and treatments. The majority of residents were registered with a local general practitioner (GP) practice. Nursing staff confirmed that all residents had been reviewed by their GP within the preceding four months. A GP visited the centre on a weekly basis or more often if required. Random records for four residents, examined by the inspector, confirmed that residents had access to medical services. There were arrangements in place for timely access to out-of-hours GP services. The inspector noted that prescriptions for residents' medicines were up to date and compliant with the regulations.

Arrangements for access to health and social care professionals such as a tissue viability nurse, dietitian, speech and language therapists were also in place. Residents had annual optical examinations and some residents had on site audiology assessments in August 2020. The company physiotherapy visited the centre every two weeks. They did mobility and balance assessments and developed care plans which staff implemented.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

There was a policy in place to inform management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) and restrictive practices in the centre. Residents had access to psychiatry of later life. Staff identified 3 residents who had responsive behaviours on admission but these residents no longer exhibited responsive behaviours. The inspector observed that interactions between staff and residents were friendly and person-centred. Many of the residents living in the centre hailed from the local community and the staff and residents knew each other very well. Residents were offered choice in relation to their personal care and aspects of their daily life including, how and where they wished to spend their day. The atmosphere in the centre was peaceful and residents had free access to an enclosed courtyard. Residents could see horses and sheep in the surrounding fields and this supported them to remain connected with nature.

Bed rails and one lap belt were the only restraints in use. Bedrail use had reduced by 50% in 12 months and only five residents were using full length bedrails at the time of inspection. Risk assessments were completed and the use of restraint was reviewed regularly. The inspector found that chemical restraint was used only as a last resort. Less restrictive alternatives to bedrails were in use such as bed wedges, sensor mats and low beds.

Judgment: Compliant

### Regulation 8: Protection

Residents reported to feeling very safe in the centre and they confirmed that they were treated with respect and dignity. Safeguarding training was in place for all staff and all staff had undergone Garda Vetting.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were consulted in relation to the organisation of the centre, and that their privacy and dignity was respected.

Regular residents' meetings were held and were normally well attended. Residents told the inspector they availed of opportunities to express their views and make their wishes known when they met with the person in charge or her deputy during the day. The nominated resident advocate met with residents in the centre on regular basis and raised issues on their behalf.

Residents were informed of changes in the centre and were aware of the rationale for ongoing measures in place to keep them safe including social distancing in communal areas and shared bedrooms, hand hygiene, respiratory etiquette and increased monitoring of their vital signs. Residents said they were reassured that their safety was paramount. Residents were happy that visiting restrictions had eased and female residents said they looked forward to the hairdressing service resuming.

Residents confirmed that their religious and civil rights were supported. Weekly religious ceremonies were held in the centre up until March 2020 but residents were supported to watch religious services online. The Church of Ireland minister and the Roman Catholic priest visited residents in the centre and attended residents who requested the sacrament of the sick or last rites. The activity staff organised a serenity prayer group in the mornings and residents who were choir members told the inspector that they loved to join in the hymns. On the morning of inspection the inspector met the therapy dog who had resumed visits in August. The centre had a resident rabbit which was cared for by one of the residents. Residents enjoyed chair yoga in the morning and a local musician entertained residents from the courtyard in the afternoon.

The inspector found the management style of the centre maximised residents' capacity to exercise personal autonomy and choice. Residents told the inspector they were free to plan their own day, to join in an activity or to spend quiet time in

their room if they wished to do so. Residents were glad that social distancing had not impacted on the social aspects of mealtimes. Menu options were offered at each meal. Residents chose what they liked to wear and the inspector saw that residents appeared well dressed.

The inspector observed staff interacting with residents in an appropriate and respectful manner. Conversations were paced appropriately to allow residents time to respond to questions.

Activity staff members were on duty on week days and care staff took charge of activities at the weekends. They organised the activity roster and facilitated activities with smaller groups mostly. A social assessment had been completed for residents which gave an insight into each resident's history, hobbies and preferences. This information supported staff to connect with residents and informed the resident's social care plan. Health care staff had a key role in meeting residents social and emotional needs and they spent time with residents to ensure that residents who spent prolonged periods in their rooms were not socially isolated.

Each bedroom had a television set and many residents had radios. Some residents had mobile phones and residents had access to a phone to take or make calls.

Residents were connected with the local community. The local photography club provided many of the pictures which decorated the walls in the centre and supported residents to reminisce. Local groups and school children normally visited residents the centre and residents looked forward to this activity resuming again. Cards and pictures with encouraging messages from local community members and groups sent during lock down were displayed at reception. Residents participated in local events and some residents were optimistic that they would attend the Christmas Party in the local community hall this year

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Substantially compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Dunlavin Nursing Home OSV-0005381

Inspection ID: MON-0030225

Date of inspection: 09/09/2020

## 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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            A full staffing review has taken place with the PIC and RPR Team. The dependency of each resident was reviewed against the staff requirement to meet the needs of the residents. To ensure supervision and support of residents and staff, a new clinical post of "Clinical Development Nurse" is to be added to the roster daily that will support the staff across the two units. This is in addition to the PIC and the Assistant Director Of Nursing. The RPR will continue to review with the PIC on a two weekly basis the dependency and needs of the residents to ensure the staff roster and allocation meet their identified needs.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:            To ensure supervision and support of health care staff, a Clinical Development nurse is to be added to the roster daily that will support the staff across the two units. This is in addition to the PIC and the Assistant Director Of Nursing.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:  The PIC and RPR team continue to review the visiting policy using the Guidance on visitations to RCF V1.3 26th September 20 which includes the NPHET level 1-5 guidance and adherence requirements. Our visiting Policy updates are communicated to all residents and their families.</p>	
Regulation 11: Visits	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 11: Visits:  The PIC and RPR team continue to review the visiting policy using the Guidance on visitations to RCF V1.3 26th September 20 which includes the NPHET level 1-5 guidance and adherence requirements. Our visiting Policy updates are communicated to all residents and their families. The home to date have facilitated in access of 550 visits for residents and their family at the residents request.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:  A cleaning schedule is in place for all communal toilets and is completed 3 times daily by the household staff.  Additional hand sanitisers have been ordered and will be placed closer to bedrooms.  A record is now available to indicate how often the gel dispensers are cleaned.  The daily cleaning allocation and sign off has been updated to include the cleaning of touched surfaces: door handles, chair arms, light switches.</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 11(2)(b)	The person in charge shall ensure that having regard to the number of residents and needs of each resident, suitable communal facilities are available for a resident to receive a visitor, and, in so far as is practicable, a suitable private area, which is not the resident's room, is available to a resident to receive a visitor if required.	Substantially Compliant	Yellow	06/10/2020
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and	Not Compliant	Orange	06/12/2020



	the size and layout of the designated centre concerned.			
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	06/12/2020
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	06/10/2020
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	06/10/2020