

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Dargle Valley Nursing Home
Centre ID:	OSV-0000031
Centre address:	Cookstown Road, Enniskerry, Wicklow.
Telephone number:	01 286 1896
Email address:	darglevalleynh@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Bluebell Care Limited
Provider Nominee:	Deirdre Mac Donnell
Lead inspector:	Louise Renwick
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	24
Number of vacancies on the date of inspection:	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.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 24 July 2014 11:30 To: 24 July 2014 18:00

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

Outcome 01: Statement of Purpose
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 11: Health and Social Care Needs
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on two specific outcomes, End of Life Care and Food and Nutrition. In preparation for this thematic inspection providers attended an information seminar, received evidenced based guidance and undertook a self-assessment in relation to both outcomes. The inspector reviewed policies and analysed survey questionnaires which relatives submitted to the Authority prior to the inspection. The inspector met residents and staff and observed practice on inspection. Documents were also reviewed such as training records and care plans. The person in charge who completed the provider self-assessment tool had judged that the centre as having minor non- compliance in relation to both outcomes. This inspection also provided opportunity to follow up on actions generated from the previous inspection, and to monitor compliance. Out of the five actions from the last inspection three were satisfactorily met, and two were still in need of further improvements. These actions will be discussed under the relevant outcome headings.

The inspector found compliance in the two themed areas with 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. This was reflected in positive outcomes for residents, which were confirmed by residents and evidenced throughout the inspection.

Questionnaires were received from seven relatives and or friends of deceased residents which showed that families were very satisfied with the care given to their loved ones at the end of their lives. Care plans were reviewed and found to discuss and record residents' preferences in this area.

The nutritional needs of residents were met to a good standard. Residents' nutritional needs were assessed and their preferences were recorded and facilitated. Residents had very good access to the general practitioner (GP) and allied health professional such as palliative care services, the dietician and speech and language therapy when required. Residents provided feedback to the inspector, regarding food and nutrition, which was very positive. The mealtime experience was observed to be an unhurried, social occasion, with suitable assistance offered to residents in a respectful and dignified manner.

Although there had been some improvements since the last inspection in relation to care planning, the good standard of assessment, monitoring and care planning was not consistent for all residents. The designated centre was transferring over to an electronic records system, and were currently operating a dual system, with paper files still in use. Not all residents who had been assessed as at risk of malnutrition had a care plan in place in relation to this, and other specific health care needs had not been identified and written into care plans, for example a resident with diverticulitis. Likewise the inspector was still not satisfied that the failings in relation to the provision of recreational activities for residents had been adequately addressed. These will be further discussed under outcome 11 health and social care needs.

Findings are discussed further in the report and in the Action Plan at the end of the report.

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

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):

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

Findings:

The inspector reviewed the updated Statement of Purpose and found that it now included all the requirements of Schedule 1 of the Regulations. The inspector was satisfied that this had been appropriately addressed.

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):

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

Findings:

The inspector was satisfied that the actions from the previous inspection had been adequately addressed. The inspector reviewed training records and certifications, and found that staff had received training in the use of fire extinguishers in March 2014.

Judgment:

Compliant

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

<p>Theme: Safe care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: The inspector reviewed the medication records and found that any medication that was to be crushed was individually signed off by the prescribing GP in line with best practice. The inspector was satisfied that this had been appropriately addressed.</p>
<p>Judgment: Compliant</p>

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.

<p>Theme: Person-centred care and support</p>
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<p>Outstanding requirement(s) from previous inspection(s): Some action(s) required from the previous inspection were not satisfactorily implemented.</p> <p>Findings: As part of this inspection, the inspector followed up on two actions from the previous report relating to the provision of meaningful activities for residents, and the quality of care plans for residents. The inspector found that some improvements were noted in these two areas, however they had not been fully met.</p> <p>The inspector was not satisfied that the action on meaningful activities had been satisfactory addressed. On the day of inspection, the inspector observed residents watching television, and enjoying the sunshine in the garden, and some residents taking part in a knitting group after lunch. Although a health care staff was now identified at each hand over to carry out morning activities between 11-12, the inspector found that there was no evidence to show which staff and what activities had been facilitated in the centre. The timetable shown to the inspector was not specific or structured to be based on residents' interests and wishes. For example, some residents were enjoying a knitting group in the afternoon, however there was nothing planned on the timetable for any residents who did not wish to take part in this. The area of social needs and interests were not fully explored through the assessment process, and did not fully feed into the timetable for the week. Residents spoke with the inspector and indicated that at times of</p>

the day they had nothing to do. Residents were not aware what activities were on offer in the designated centre on a given day. There was no documentation to show what activities residents had participated in during the week, or their level of interest in same. The inspector was not satisfied that meaningful occupation and activities had been given the required attention in the designated centre and this was in need of improvement.

The inspector noted improvements in relation to care plans for residents. The provider and person in charge were using an electronic record system, and currently were operating a dual system of records until a full change over. The inspector was not satisfied that residents' had sufficient care plans for identified areas of care or needs. For example, not all residents who had been deemed at risk of malnutrition had a care plan to reflect this, and one resident who had been having difficulties with diverticulitis did not have a care plan to guide staff on her required supports. The inspector did note that there was staff sickness at the time of inspection, and some staff nurses responsible for care plans were not available, however overall improvements in care planning were required to ensure identified needs had a care plan in place to guide practice.

Judgment:

Non Compliant - Moderate

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that there was a comprehensive policy in place in relation to End of Life care which had been updated in March 2014. There was evidence that staff had read and understood the updated policy, and evidence of this policy being implemented in practice on the most part in the designated centre.

The inspector reviewed care plans of residents who had recently deceased, and found that appropriate care and comfort had been offered at the end of life to residents to meet their physical, social, psychological and spiritual needs. Nursing and medical notes indicated good management of pain, facilitating family members to be with residents, and visits from religious ministers as per the residents wishes. The inspector saw evidence of consultation with family for the removal of residents remains. The inspector had received 7 completed relative questionnaires out of 10, and the feedback was positive, and indicated that the designated centre offered appropriate care and support for residents who had passed away.

On review of residents' care plans who were not yet at end of life, the inspector found evidence of residents preferences being documented in relation to their spirituality and religious practices, and what is suitable practice should they pass away. For example, no cross or crucifix for a resident who was a Methodist. The inspector found evidence that discussions had taken place with residents who had recently been admitted around the area of future care wishes and end of life by the introduction of a new personal care plan leaflet that had been introduced in line with the updated policy. This leaflet opened the discussion around the area of End of life care for residents and their relatives. Residents preferences in relation to resuscitation and transfer to hospital should their health deteriorate were clearly documented, and easy to retrieve in the medical notes and care plans. For example, residents who did not wish to be transferred to hospital should they deteriorate had been facilitated to discuss this with their GP, and the GP's consent was clearly identifiable in the documentation.

Although there was no dedicated room available for relatives to stay overnight should a resident be ill or dying, the questionnaires from relatives indicated that arrangements had been made to facilitate and accommodate families as far as possible. This was reflected in the policy which suggested any vacant room would be made available to relatives, and pillows and blankets offered should the relative wish to stay with the resident in their room. On the day of inspection there were 6 vacancies in the designated centre.

On review of the self evaluation questionnaire, the inspector found that 23 residents had died in the last 2 years, and 20 of these deaths occurred in the designated centre, with only 3 people passing away in acute hospitals.

The inspector found evidence of good access to palliative care services where necessary and regular visit with the residents' GP to review medication and ensure pain was adequately managed.

Staff had received in house training in end of life care from a staff nurse who had trained specifically in palliative care. The inspector reviewed training records which evidenced this.

The inspector was satisfied that the designated centre was compliant with the Regulations in relation to this outcome, but identified that there was still room for further improvement in practice. For example, discussing and documenting end of life care wishes and preferences for residents was not consistently documented for all residents, and aspects of the updated policy not fully operational as yet. For example, documenting the return of a deceased residents belongings.

Judgment:
Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found that there was a policy in place dated March 2014 on food and hydration, which guided staff on the monitoring and documenting of nutritional intake of residents, which was in general implemented in practice in the designated centre. The inspector found that residents had access to drinking water at all times, with bottled water available and observed in both communal and private bedrooms for residents.

The inspector found that the food provided met the dietary needs for residents based on assessment from dietician and speech and language therapist. For example, the type of food, and consistency of food presented to residents on the day of inspection coincided with the advice of allied health care professionals which was documented on residents files.

The inspector observed residents being supported in a discreet and respectful way at mealtimes, with the mealtime experience observed as an unhurried, relaxed occasion. The designated centre had two sittings for dinner to allow ample time to support residents who had additional assistance needs. Residents had a choice at each meal time, with two options available for dinner each day. Residents who were in need of modified diets had the same choices as residents without. The inspector spoke with residents who confirmed that the food was very good in the designated centre, and that they were consulted about the menu choices. The inspector spoke with the chef on duty, who could clearly outline who required fortification, and could speak of the preferences and needs of residents. There was a checking station outside the kitchen door, as a final check point for staff to ensure residents received food in the correct consistency prior to starting their meal. There was protected mealtimes in place in the designated centre to ensure it remained an unhurried and social occasion.

Staff had received training in a variety of topics in relation to food and nutrition and the inspector found evidence of this in the designated centre. For example, training in malnutrition assessments tools and nutritional management of swallowing difficulties.

On review of residents records, the inspector found that residents had malnutrition assessments completed, along with nutrition care plans and home meal plans to outline the supports required in this area. Care planning in the area of food and nutrition for the majority of files reviewed was up to date, however some residents did not have completed care plans in place when presenting with nutritional needs. This is discussed and actioned under outcome 11 health and social care needs. The inspector found evidence of access to GP, dentistry, dietician and speech and language therapy for residents who required it.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

Findings:

See findings under outcome 11 health and social care needs in relation to activities.

Judgment:

See Outcome 11

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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Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Dargle Valley Nursing Home
Centre ID:	OSV-0000031
Date of inspection:	24/07/2014
Date of response:	26/08/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 11: Health and Social Care Needs

Theme:

Person-centred care and support

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

Not all residents had care plans in place to address identified needs.

Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

- All residents now have care plans in place to address their identified needs.
- These care plans are presently being transferred to our electronic system.
- A further education session with the electronic system providers is booked on the

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

05/09/14 11.00am-2.00pm to help staff nurses with the transition from paper base to electronic system of care planning.

- Team nursing restructured to allocate all residents to key nurses that would be responsible for their four monthly assessment and care planning according to residents needs.

Proposed Timescale: 30/09/2014

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

Daily activities required improvement. Timetable was not clearly based on residents' interests and capacities.

Action Required:

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

- A structural time table is now in place to set out daily activities.
- A log book has been established. Activities and participants are recorded daily.
- A training day was booked for two health care assistants to attend on 14/08/14 but was cancelled and rescheduled for September/October 2014 , dates are yet to be finalized.
- We have also asked our activities persons for their input and wrote to them clearly stating what is required. Awaiting their feedback.

Proposed Timescale: 30/09/2014