

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Dealgan House Nursing Home
<b>Centre ID:</b>	OSV-0000130
<b>Centre address:</b>	Bellewsbridge Road, Toberona, Dundalk, Louth.
<b>Telephone number:</b>	042 935 5016
<b>Email address:</b>	dealganhouse@gmail.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Dealgan House Nursing Home Limited
<b>Provider Nominee:</b>	Thomas Fintan Farrelly
<b>Lead inspector:</b>	Sonia McCague
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	52
<b>Number of vacancies on the date of inspection:</b>	0

## About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was following an application to vary registration conditions. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 23 September 2016 09:00 To: 23 September 2016 13:00

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 12: Safe and Suitable Premises	Compliant

**Summary of findings from this inspection**

This inspection was announced and carried out following an application to vary a condition of the existing registration in relation to the maximum number of residents to be accommodated in the centre.

The centre is registered to accommodate 53 residents. An application by the provider to increase resident occupancy to 84 was made in June 2016 having extended the foot print of the centre by September 2016.

The location, design and layout of the extension to the centre was suitable for its stated purpose to meets residents' individual and collective needs in a comfortable and homely manner.

The newly built extension took account of the statement of purpose and proposed residents' needs. It was completed to a high standard in line with Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The existing centre and its new extension are single storey and purpose built to accommodate a total 84 residents.

A bedroom within the existing centre was used to link the existing and new build reducing occupancy to 52 while registered for 53. The new build can accommodate 32 residents comfortably in two suites, The Táin Suite that can accommodate 15

residents and the Sonas Suite that can accommodate 17 residents. Both suites have an open planned sitting, dining and kitchen facility. Other support facilities were in place.

A revised statement of purpose and function was provided to support the application to vary the condition of registration. Arrangements were in place for accountability, decision-making, risk management and meeting the statement of purpose and function.

Resources and plans to facilitate the increase in resident occupancy by 31 had been arranged. Additional resources such as staff numbers and skill sets, clinical nurse managers, equipment and services for medication, food, laundry, fire safety, General Practitioner (GP), allied health care and pharmacy were arranged.

Staff planning, recruiting, managing, inducting and supervising was described and ongoing to meet the increase in residents. A recruitment policy was in place that included the regulatory requirements. The management team gave assurances that all staff would have Garda Vetting and induction completed prior to working in the centre.

Pre-admission assessments formed part of the resident admission process. The admission and increase in resident numbers was to be carried out on a phased basis. A maximum of three residents admitted per week was agreed upon registration. An admission policy was in place to guide practice.

A revised resident's guide was completed to reflect the changes in the service accommodation. The inspector was told by the management team that existing residents would be offered an opportunity to transfer to the newly built accommodation.

Information meetings with residents, relatives and staff were planned and to be carried out following this inspection.

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

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

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

A statement of purpose that consisted of a statement of the aims, objectives and ethos of the designated centre to include the increase in resident numbers and a statement as to the facilities and services provided for residents was available.

It contained the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Judgment:**

Compliant

***Outcome 02: Governance and Management***

***The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

Management systems were in place and sufficient resources were in place and proposed within management's plan to promote the delivery of safe, quality care services.

There was a clearly defined management structure that identified the lines of authority and accountability. A human resource manager had been recently employed who was present during this inspection. Her role was to support the person in charge and provider with staff governance and management.

The provider nominee is actively involved in the governance and management of this centre and attends the centre on a weekly basis. An additional operations manager as deputy CEO was recently included in the management structure.

The person in charge as director of nursing works in a supernumerary capacity each week and is supported by a deputy director of nursing who works in a supernumerary capacity.

Plans to enhance clinical governance by the addition of two full time clinical nurse managers (CNM) to the existing management structure were outlined within the planned roster and staffing plan made available for inspection. The CNM positions were to be in addition to the assistant director of nursing and person in charge, who both work on a full time basis.

Consultation with heads of departments and existing staff, residents and their representatives to inform care and service development and provision was ongoing.

**Judgment:**  
Compliant

***Outcome 05: Documentation to be kept at a designated centre  
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**  
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
A Residents' Guide and a sample of the proposed contract of care was available, the inspector noted that they met the requirements of the Regulations, if completed.

The centre's insurance was up to date and a certificate of insurance cover was available.

A sample of planned rosters for the staffing levels and skill sets to facilitate an increase in resident admission was available.

Policies listed in Schedule 5 were in place for the existing centre and were subject to review to meet changes and developments.

Changes in the management of medication had been implemented to promote safe practices and address previous inspection requirements.

A record of visitors to the centre was maintained in the main entrance that was controlled by staff. This existing entry and exit point was to facilitate all additional visitors to the suites within the new extension buildings.

**Judgment:**

Compliant

***Outcome 12: Safe and Suitable Premises***

***The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**

Effective care and support

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

No actions were required from the previous inspection.

**Findings:**

The location, design and layout of the new extension to the centre are suitable for its stated purpose to meets residents' individual and collective needs in a comfortable and homely manner.

The newly built extension took account of proposed residents' needs and was completed to a high standard in line with Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The centre is located on the edge of a town and is close to many amenities. The existing centre and its new extension are single storey and purpose built to accommodate a total 84 residents.

A bedroom within the existing centre was used to link the existing and new build reducing occupancy to 52 while registered for 53. The new build can accommodate 32 residents comfortably in two suites. However, residents will have access to all parts of

the centre and entry via the existing reception area.

The design and layout of the new build comprises 32 single occupancy bedrooms with full en-suite facilities. Communal kitchen, sitting and dining areas were spacious and decorated to a high standard with colourfully co-ordinated furnishings and fittings. Safety features to mitigate risks to residents associated with the kitchen appliances, such as the hob and water heater, were demonstrated and available in each suite.

Furniture and equipment such as a sit to stand and a full body hoist for each suite was purchased and in place for use by residents. Other supportive equipment in each bedroom included call bell facilities, remote control bed, arm chair, bed table, lockable facility in the bedside locker, slide robe wardrobes and television along with the option of a motorized pressure relieving mattress to promote residents comfort and well-being.

Grab rails and light switches were of a contrasting colour to the surrounding wall area to promote independence and to assist in orientating residents with a cognitive impairment within the living environment. The door frames and skirting boards were also painted in a colour that contrasted from the color of the floor, wall and doors.

Corridors and door entrances were wide and spacious to facilitate modified, support or bulky equipment or mobility aids required by residents. Bedrooms were spacious to accommodate personal equipment and devices that may be required. Handrails were provided on both sides of the corridors and grab rails were available in the communal bathroom and toilet facilities within each suite.

The new build was clean, warm and well ventilated in all areas for use by residents, visitors and staff. Good use of natural and artificial light was noted.

The main and existing reception was staffed daily (Monday to Friday) by an administration staff member. Entry was monitored and controlled, and a CCTV system was in use on corridors and externally for security reasons.

The existing kitchen and catering facilities were to provide food and nutrition for the additional residents to be accommodated in the new build. Each suite had a heated trolley. As in the existing service, the main kitchen was to prepare residents' main meals. Equipment and plans were in place to transport prepared meals in a heated trolley to each suite where staff would serve residents from. A fully fitted kitchen with functioning kitchen appliances was available in each suite for the provision of snacks and drinks.

Laundry arrangements were in place and arrangements to facilitate the extension and increase in resident occupancy was described.

Sluice facilities and hand sanitizers were in place for the prevention and control of healthcare associated infections.

Suitable fire equipment and signage was provided and service records were available and up to date. Fire evacuation procedures were prominently displayed throughout the new buildings. Emergency exits were clearly indicated.



Secure internal gardens and courtyards were available for use by residents and to access outdoors from each suite. Plans to furnish, landscape and develop the outdoor facilities further were described.

The dining and communal area to the front of the existing centre was also extended to facilitate additional communal space for residents' recreation and comfort.

Car parking facilities were available at the centre.

**Judgment:**

Compliant

## Closing the Visit

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

### Acknowledgements

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

### *Report Compiled by:*

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